

Case Number:	CM13-0024655		
Date Assigned:	11/20/2013	Date of Injury:	01/03/2012
Decision Date:	01/15/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty certificate in Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of January 3, 2012. A utilization review determination dated August 27, 2013 recommends non-certification of functional capacity evaluation, purchase of solar care FIR heating system, and outpatient range of motion and muscle testing. A quantitative functional capacity evaluation is available for review dated February 11, 2013. A progress report dated June 20, 2013 identifies subjective complaints stating, "he reports improvement with the left knee with (illegible) PT. Ortho recommends further PT to left knee." Objective findings are not listed. Diagnoses states, status post left knee scope January 28, 2013, ACL insufficiency. Treatment plan recommends continuing physical therapy and acupuncture. An orthopedic consultation dated June 3, 2013 contains an extensive physical examination including range of motion testing, orthopedic special testing, and motor examination. A progress report dated August 5, 2013 identifies subjective complaints stating, "he has previously undergone arthroscopic meniscectomy and debridement of the left knee. He was found to have a concurrent anterior cruciate ligament disruption." The note goes on to state "he is finding that he has persistent symptoms of instability. He has used an anterior cruciate ligament brace. There was physical therapy and home therapy. Despite this, he finds he is not able to return back to activities involving bending and pivoting especially where he would have to thrust his knee with the weight loaded on it. This would occur on both at work and for the activities outside of work." Physical examination identifies normal range of motion, normal inspection and palpation, left-sided positive Lachman, anterior drawer, and pivot shift tests. Motor strength is reduced in the left quadriceps. Sensation and reflexes are normal in both lower extremities. Diagnoses include "prior arthroscopic meniscectomy and debridement with persistent symptomatic anterior cruciate ligament l

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Final functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding the request for a "final functional capacity evaluation," Occupational Medicine Practice Guidelines state that there is no good evidence that functional capacity evaluations are correlated with a lower frequency of complaints or injuries. ODG recommends functional capacity evaluations prior to admission to a work hardening program. They go on to say that the worker should be an active participant in determining the suitability of a particular job. They also indicate the following criteria for performing a functional capacity evaluation: case management is hampered by complex issues such as prior unsuccessful return to work attempt, conflicting medical reporting precautions, or injuries that require detailed exploration of a worker's abilities; and the timing is appropriate, with the patient close to or at maximum medical improvement and all secondary conditions are clarified. Within the documentation available for review, the requesting physician has identified that the patient has had prior unsuccessful return to work attempts as well a complex issues involved with this case. However, it also appears that the patient has had at least 5 functional capacity evaluations thus far. It is unclear what the utility of a 6th functional capacity evaluation might be. The patient has reportedly undergone a functional capacity evaluation on August 16, 2013. It is unclear why the requesting physician feels the patient is likely to have made enough significant progress in 10 days' time to warrant a "final FCE" on August 26, 2013. In the absence of clarity regarding these issues, the currently requested "final functional capacity evaluation" is not medically necessary.

The purchase of a solar care FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Cold/Heat Packs

Decision rationale: Regarding the request for "purchase of solar care FIR heating system," ACOEM guidelines support the patient's at-home application of heat or cold packs. ODG goes on to state that cold and heat packs are recommended. Guidelines do not support the use of high-tech cooling or heating devices for the routine management of knee complaints. As such, the currently requested "purchase of solar care FIR heating system" is not medically necessary.

Outpatient range of motion and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 33.

Decision rationale: Regarding the request for "outpatient range of motion and muscle testing," ACOEM guidelines state that treating physicians should perform thorough physical examinations, including assessment of pain, range of motion, tenderness, and effort. Guidelines go on to state that clinical reassessment with a detailed history and physical examination should be conducted if there is any delay in progress. Within the documentation available for review, there are numerous extensive physical examinations documented which include range of motion and muscle testing. Guidelines clearly support the treating physician's performance of range of motion and muscle testing as part of the normal reassessment of the injured worker. It is unclear why a routine physical examination with range of motion and muscle testing, as recommended by guidelines, would be insufficient in this case. In the absence of clarity regarding those issues, the currently requested "outpatient range of motion and muscle testing," is not medically necessary.