

Case Number:	CM13-0030022		
Date Assigned:	11/27/2013	Date of Injury:	05/20/2011
Decision Date:	07/02/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 66-year-old male patient with a 5/20/2011 date of injury. He turned around looking for a charged electric jack, but did not see an electric cord lying on the ground. His left foot suddenly tripped over it causing him to fall forward and land on his left knee onto the cement ground. He experienced immediate pain to his left knee. A 10/31/12 progress report indicated that the patient complained of left knee pain, which increases with prolong walking, hip pain. He was diagnosed with left knee chondrocalcinosis, right knee chondrocalcinosis and left hip chondrocalcinosis. Treatment included Theramin, Naproxen 500 mg, Prilosec 20 mg. 11/5/2012 progress report indicated that the patient had constant left knee mild to severe pain. He reported occasional swelling to his left knee only. The pain is aggravated with prolonged standing, walking, squatting, kneeling and stair climbing. Physical exam demonstrated left knee flexion 125 degrees. He was diagnosed with left knee calcified meniscus with underlying calcium pyrophosphate deposition disease with probable meniscus pathology. 9/3/2012 physical exam demonstrated that the patient had pain with terminal flexion and extension. There was tenderness to palpation over the medial and lateral joint line. Lateral patellar apprehension was positive. X-ray demonstrated chondrocalcinosis involving the bilateral knees. He was diagnosed with chondrocalcinosis of the left knee, left knee contusion, chronic left knee pain. A 7/9/12 permanent medical impairment reports that the final whole person impairment was 14%. A 8/15/2012 permanent medical impairment report indicated that final whole person impairment was 25%. Left lower extremity combined person impairment was 20%, Right lower extremity whole person impairment was 6%. On 2/11/2013, he underwent arthroscopy for meniscectomy and debridement. He had 18 session of post-op physical therapy. There is documentation of a previous 8/27/13 determination, based on the fact that available clinical information didn't met preliminary guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) Independent Medical Examinations and Consultations (page 132-139); Official Disability Guidelines (ODG) (Fitness for Duty Chapter).

Decision rationale: CA MTUS Guidelines state that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities. In addition, timing should be appropriate (Close to or at maximum medical improvement (MMI) with all key medical reports secured), and additional/secondary conditions have been clarified. In this case, the patient presented with persistent pain in the left knee. His permanent medical impairment report indicated that whole person impairment worsened from 14% to 25%. However, there is no specific rationale identifying how a FCE would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. Therefore, the request for Functional Capacity Evaluation was not medically necessary.