

Case Number:	CM13-0030287		
Date Assigned:	11/27/2013	Date of Injury:	11/30/2007
Decision Date:	01/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain 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 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:

The patient is a 54 year old female who reported an injury on 11/30/2007. The mechanism of injury was running. The patient has had several unspecified surgeries to her left knee as well as several unspecified injections. She received appropriate care before and after these procedures. On 06/26/2013 the patient sought treatment from her original orthopedist for continued pain and discomfort to her left knee and reports another non work related fall in December of 2012. The patient was determined to be permanent and stationary in 2011 and has not worked since her original injury in 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Work, Functional Capacity Exam

Decision rationale: California MTUS/ACOEM Guidelines state a number of functional assessment tools are available, including functional capacity exams and videotapes to help reassess function and functional recovery. Official Disability Guidelines recommend functional

capacity testing if a worker is actively participating in determining the suitability of a particular job. Criteria for the consideration of an FCE include but are not limited to, prior unsuccessful return to work attempts and the presence of conflicting reports related to job modifications. The records indicate that the patient has not worked since the original injury in 2007, and there is no evidence that she is currently seeking employment. There are also no conflicting reports regarding her functional abilities as they pertain to potential job duties. As such, the request for a functional capacity exam is non-certified.