

Case Number:	CM13-0030987		
Date Assigned:	12/04/2013	Date of Injury:	05/23/2011
Decision Date:	01/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery 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 claimant is a 30-year-old male patient was injured in a work-related accident 05/23/11. The clinical record from 07/08/13 indicating operative intervention took place to the right knee in the form of Anterior Cruciate Ligament (ACL) reconstruction. There is documentation of post-operative physical therapy. The records also indicate treatment in regard to the low back in the form of recent epidural steroid injections in April 2013. A 08/20/13 follow-up assessment indicated the need for 12 additional sessions of formal physical therapy as well as a functional capacity examination to the knee at that time. Physical examination findings or treatment in regards to the claimant's postoperative care were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final FCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Fitness for Duty - Functional capacity evaluation (FCE)

Decision rationale: California MTUS and Official Disability Guideline criteria address the FCE in the setting of work hardening and work condition. Official Disability Guidelines outline that prior to a functional capacity examination it should be established that the claimant would be close to maximal medical improvement. At the time when the functional capacity examination was ordered in this case, the claimant was only six weeks from the time of recent ACL reconstruction. This would not allow a proper amount of time for maximal medical improvement given the nature of the recent surgery performed. The role of a functional capacity examination based of this claimant's clinical records for review would not be indicated.