

Case Number:	CM13-0034349		
Date Assigned:	12/18/2013	Date of Injury:	06/28/2012
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 33 year-old maintenance mechanic with a date of injury of 06/28/12. The mechanism of injury was the sudden feeling of a sharp infrapatellar pain in the left knee when he knelt down to repair a sink. The most recent progress note included by [REDACTED], dated 09/04/13, identified subjective complaints of decreasing pain and stiffness of his left knee. Objective findings were limited but noted no distress. Diagnoses indicate that the patient has "Large prepatellar bursa of the left knee with an ossicle in the patella sac, status post reconstructive surgery". Treatment has included an excision of a massive patellar tendon nodule and tendon repair, partial synovectomy, and loose body removal and current oral analgesics. A Utilization Review determination was rendered on 09/30/13 recommending non-certification of a "Functional Capacity Evaluation".

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The medical record indicates that the patient "is now approaching maximum medical improvement". The plan was to follow-up after the evaluation and for the patient to be made permanent and stationary. The claimant was released to modified work on 07/25/13 with the restrictions of no prolonged standing/walking as well as bending, squatting, or bending. The functional capacity has been defined and there is no documented medical necessity for a Functional Capacity Examination. The request for a Functional Capacity Evaluation is not medically necessary and appropriate.