MAXIMUS Federal Services

Case Number:	CM13-0036723		
Date Assigned:	12/13/2013	Date of Injury:	04/03/2012
Decision Date:	02/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 in Interventional Spine 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 61-year-old male with a date of injury of 04/03/2012. The request for functional capacity evaluation, range of motion testing, and muscle testing were denied by utilization review letter dated 10/11/2013. [redacted] handwritten report 09/27/2013 states that the patient's symptoms remain unchanged. The list of diagnosis is right knee non-displaced inferolateral patellar FX with pat. Spurring; bony ossification proximal patellar tendon hypertrophy; mild chondromalacia patella; Baker's cyst. Under objective findings, flexion is 138 degrees; extension is 0 degrees, tenderness over the popliteal fossa and patella, varus test negative bilaterally. Orthopedic consultation report by [redacted], 05/14/2013. The report is a request for arthroscopic surgery of the knee. 03/20/2013 is MRI of the right knee report, bony hypertrophy of the patella and the tibial tubercle, mild chondromalacia of the patella, myxoid degeneration of the medial meniscus, small Baker's cyst. There is a request for functional capacity evaluation. Despite review of the multiple hand reports by [redacted] as well as orthopedic reports by [redacted], I was unable to find the progress report requesting functional capacity evaluation. The request was denied by utilization review 10/11/2013. The utilization review letter refers to 09/16/2013 report by [redacted]. Unfortunately, this report is missing from the provided records.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137 & 139.

Decision rationale: This patient suffers from chronic knee pain with prior history of fracture. Recently, left knee arthroscopic surgery was recommended, which was apparently denied. The current request involves functional capacity evaluation, which was apparently requested by the orthopedist. Unfortunately, I was not able to review the report that contains the request, 09/16/2013. I was able to review other reports from various different physicians including [redacted], [redacted], and [redacted]. These reports have been from 02/28/2013 to 10/30/2013. ACOEM Guidelines do not recommend routine use of functional capacity evaluation unless this is requested by the claim administrator or the employer. This testing may be ordered by treating or evaluating physician if the physician feels the information from such testing is crucial. In this case, the treating physician does not provide any rationale or information that would lead one to think that this will be crucial prior to having the patient return to work. Recommendation is for denial.

Range of motion testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale: This patient presents with chronic left knee pain with prior history of fracture of the patella and tibia. The review of the reports showed that this patient has a fairly good range of motion. One of the reports from 09/27/2013 has the patient knee range of motion from 0 to 138 degrees. There is a request for range of motion testing, but this is something that the treating physician has already provided on his examination under objective findings. Reading MTUS Guidelines under functional improvement measures, physical impairments including objective measures of clinical exam, findings, range of motion should be documented in degrees. There is no evidence that computerized or sophisticated instrument measuring of the joints are necessary. Range of motion particularly of the knee should be measured as part of physical examination by the treating physician. Recommendation is for denial.

Muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale: There is a request for muscle testing apart from the regular examination findings by the treating physician. This patient presents with chronic left knee pain with history of fractures of tibia and the patella. There are no guidelines that support muscle testing as a separate procedure to be performed apart from physical examination during office visit. Under functional improvement measures MTUS Guidelines, it does recommend obtaining range of motion, muscle flexibility, strength, or endurance deficits. However, the guidelines do not discuss whether or not there should be a separate testing apart from what can be achieved through physical examination during office visit. Recommendation is for denial.