

Case Number:	CM13-0038543		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2007
Decision Date:	04/22/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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 patient is a 66 year-old with a date of injury of 10/31/07. A progress report associated with the request for services, dated 09/23/13, noted the patient was getting better with less pain. Objective findings included tenderness of the right knee. Diagnoses included fibroarthrosis of the left knee following total arthroplasty. Treatment has included oral NSAIDs, opioids, and muscle relaxants. The record states that the claimant is at near maximal improvement. A Utilization Review determination was rendered on 10/02/13 recommending non-certification of "functional capacity evaluation (FCE)".

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 132-139. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Work Conditioning, Work Hardening. Page(s): 125.

Decision rationale: The record indicates that the patient "is now approaching maximum medical improvement". The plan is to follow-up after the evaluation and she may be made permanent and stationary. The Medical Treatment Utilization Schedule (MTUS) 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. In this case, there is no documentation of what the claimant is or is not able to do. Likewise, there is no documentation of prior failed return to work attempts. Therefore, there is no documented medical necessity for a Functional Capacity Evaluation.