

Case Number:	CM13-0042239		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	02/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/18/2013

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 Anesthesia, has a subspecialty in Acupuncture and 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 claimant is a 39 year old injured worker with date of injury 5/31/12 with related mild left knee pain. MRI of the left knee dated 12/5/12, revealed mild degenerative changes of the medial and lateral menisci, more severely on the medial side, and a small amount of joint effusion. MRI arthrogram dated 2/26/13 revealed mucoid degeneration involving the anterior and posterior horns of both the medial and lateral menisci. Status post left knee arthroscopy partial medial meniscectomy, chondroplasty and partial synovectomy 4/17/13. The injured worker received post-operative physical therapy. A current request for physical therapy is pending authorization. The patient's pain is mediated by Aleve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation with computerized measurements, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness of Duty, Functional Capacity Evaluation.

Decision rationale: The ACOEM Guidelines in regard to Functional Capacity Evaluation (FCE), recommends the use of a FCE, when necessary to translate medical impairment into functional limitations to determine work capability. The Official Disability Guidelines (ODG) details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts, or if there is conflicting medical reporting on precautions and/or fitness for a modified job, or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the employee has had prior unsuccessful return to work attempts, if the employee requires a modification for return to work, or that the employee has additional injuries which require detailed exploration of the employee's abilities. The request for a Functional capacity evaluation with computerized measurements, quantity 1, is not medically necessary and appropriate.