

Case Number:	CM13-0042535		
Date Assigned:	06/09/2014	Date of Injury:	06/07/2012
Decision Date:	07/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

On June 7, 2012, this worker was performing her duties as a housekeeper walking up a staircase of a residence, while carrying a vacuum cleaner, when a dog jumped onto her. She attempted to hang onto the railing but the railing came off causing her to tumble down the staircase. She began experiencing pain in her left knee, left ankle and left foot. She also experienced pain in her lower back with pain radiating into her left leg. Over subsequent months she received pain medication, physical therapy, diagnostic imaging studies, was provided a brace for her left ankle, given a cane and placed on disability. She had a visit with orthopedic surgery on August 27, 2013. X-rays were obtained and demonstrated severe degenerative arthritis of the left knee and degenerative changes of the right knee. Plans were made for a total knee replacement and a functional capacity evaluation was carried out.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FUNCTIONAL CAPACITY EVALUATION BETWEEN 8/27/2013 AND 8/27/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Prevention (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 1), pg.12, General Approach to Initial Assessment and Documentation (Chapter 2), pg. 21, and Cornerstones of Disability Prevention and Management (Chapter 5), pg. 81.

Decision rationale: A functional capacity evaluation could be considered to determine functional limitations and work capability when the physical examination and history are not adequate to do so. There is however no good evidence to show that functional capacity evaluations reduce physical complaints or injuries. It was not necessary in this case to perform a functional capacity evaluation since the workers level of impairment was already evident from the physical examination and x-rays demonstrating severe degenerative arthritis leading to the recommendation of a total knee replacement. The rationale for the functional capacity evaluation was not provided by the surgeon ordering the evaluation. There is no reason to support that the functional capacity evaluation would have changed the outcome, recommendations, or work limitations for this worker. As such, the request is not medically necessary.