

Case Number:	CM13-0045982		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2012
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 59-year-old male who reported a work-related injury on 01/07/2012. The specific mechanism of injury was not stated. The patient is status post a right total knee arthroplasty as of 04/2013. The clinical note dated 10/23/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documented upon physical exam of the patient's right knee, the patient reports medial tenderness, stiffness, and locking of the right knee as well as limited range of motion with a limping ambulation noted. The provider documents a request for authorization for a Functional Capacity Evaluation to the right knee to assess the patient's level of impairment as well as physical therapy 2 times a week for 3 weeks to regain strength and mobility to the patient's right knee to transition him to a home exercise program. The provider documented the patient utilizes Hydrocodone 10/325, Cyclobenzaprine, and Diclofenac.

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: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137-138.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence that the patient has exhausted lower levels of conservative treatment prior to the request for the current evaluation. The provider documented at the same time of a Functional Capacity Evaluation a course of supervised therapeutic interventions was indicated for the patient. California MTUS/ACOEM indicates specific criteria for a Functional Capacity Evaluation to include evidence of prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for a modified job, injuries that require detailed exploration of a worker's abilities, and timing is appropriate. The patient must be close or at MMI with all key medical reports secured and additional secondary conditions clarified. California MTUS/ACOEM indicates there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do on a single day at a particular time under controlled circumstances that provide an indication of that individual's abilities. Given all the above, the request for 1 functional capacity evaluation is neither medically necessary nor appropriate.