

Case Number:	CM13-0049601		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2012
Decision Date:	06/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational 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 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:

The patient has submitted a claim for lumbar spine and left knee pain associated with an industrial injury date of September 6, 2012. Treatment to date has included medications, physical therapy, and left knee arthroscopy. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of lumbar spine and left knee pain. Work status remained to be unchanged, which according to previous notes were modified work duties. On physical examination, there was discomfort on flexion and extension of the left knee against gravity. Spasm, tenderness, and guarding were noted in the paralumbar muscles. Gait was antalgic with one-point cane. Medial and lateral joint line tenderness and crepitations at both knees were present. Motor strength at right lower extremity was graded 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EXAMINATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, 132-139

Decision rationale: According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. In this case, an appeal to the utilization review determination, dated November 8, 2013, stated that the requesting physician was attempting to return the patient back to work and an FCE was necessary in order to assess her physical abilities to work and to provide her with permanent work restrictions. However, the medical records indicated that the patient is presently working under modified duties, which is not in accordance with the provider's rationale. The reason for the request and the current work status of the patient is contradictory to each other; therefore, the request for functional capacity evaluation is not medically necessary.