

Case Number:	CM13-0050480		
Date Assigned:	12/27/2013	Date of Injury:	10/24/1997
Decision Date:	04/29/2014	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 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 and Oklahoma. 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 is a 60 year old male who was injured on 10/24/1997. He had a fall at work during which he sustained a left knee injury. Prior treatment history has included physical therapy. He underwent a left knee arthroscopic lateral meniscectomy; a left TKA on 04/30/2013. He has received bilateral knee injections 09/2012. The progress note dated 1/14/2014 indicated the patient has not returned to gainful employment since 04/26/2013. The progress note dated 12/04/2013 documented physical examination revealed a healed incision. There is no dependent or traumatic edema. The range of motion examination of the left knee is 0-125 degrees and the calf is soft. Palpation reveals tenderness of the right lateral knee joint. There is no effusion, mild crepitus. The range of motion examination of the knee is full extension to 130 degrees of flexion. On knee stability examination, the following findings are present: Stable on valgus stress without pain, stable on varus stress without pain and patella stable, without apprehension. There is normal excursion, without retinacular tenderness. McMurray testing is negative medially and laterally; medial patella plica non-tender. On neurological foot examination, sensation is subjectively normal to light stroke testing. The patient is diagnosed with joint replaced knee and loc prim osteoarthritis left leg. The progress note dated 01/15/2014 indicated the patient currently complains of mild dull aching pain in the left knee worse with motion. He gets tired on Percocet. Objective findings on exam revealed a healed incision with no dependent or traumatic edema. The range of motion examination of the left knee is 0-125 degrees and the calf is soft. Palpation reveals tenderness of the right lateral knee joint. There is no effusion, mild crepitus. The range of motion examination of the knee is full extension to 130 degrees of flexion. On knee stability examination, the following findings are present: Stable on valgus stress without pain, stable on varus stress without pain and patella stable, without apprehension. There is normal excursion, without retinacular tenderness. McMurray testing is negative

medially and laterally; medial patella plica non-tender. On neurological foot examination, sensation is subjectively normal to light stroke testing. X-rays were reviewed, 3 views; AP, lateral and Merchant views of the left knee revealed well placed TKA.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004, 2ND EDITION, CHAPTER 6, PAIN, SUFFERING AND THE RESTORATION OF FUNCTION, PAGE 114

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, PAIN SUFFERING AND RESTORATION, 114

Decision rationale: According to the Guidelines, a physician may request a functional capacity evaluation (fce) when determined appropriate. The available records document a post surgery FCE would be reasonable based on his age, co-morbid conditions; both knees have had procedures done to them and the provider's desire to have the patient return to work. Based on the guidelines and clinical documentation provided, a FCE would be medically necessary.