MAXIMUS Federal Services

Case Number:	CM13-0050499		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2012
Decision Date:	04/29/2014	UR Denial Date:	10/28/2013
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 Physical Medicine & 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 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 29-year-old female who was injured on July 31, 2012 while she walked into a building and twister her knee. Prior treatment history has included Vicodin, Sprix and antibiotics. The patient underwent an arthroscopy of the left knee on September 03, 2013. A progress note dated September 12, 2013 documented the patient to have complaints of left knee pain. The patient is status post left knee surgery on September 03, 2013 with [redacted]. She ambulates with the help of crutches. Objective findings on examination of the left knee reveals there is mild swelling, redness, present at the left knee. There is tenderness to palpation of the lateral joint line and superior border of the patella. A progress note dated January 07, 2014 indicates that the patient stated that she has begun looking for work and in December of 2013 she was offered a position of employment with new employer, [redacted], and she will be working there as an administrative assistant full time. She states that she had asked her treating physician to release her to return to work as she had found employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 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, Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Guidelines.

Decision rationale: The Official Disability Guidelines state that Functional Capacity Evaluations are recommended prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific job or task. They are not recommended for routine use as part of occupational rehab or for generic assessments to determine if someone can perform any type of job in general. According to the medical notes, the patient has found employment as an administrative assistant for a general administrative position. There is no indication that this position will require any specific physical demands or physical tasks. Given the lack of documentation and evidence that this position will require work hardening or specific physical tasks, the request is non-certified.