

Case Number:	CM13-0057977		
Date Assigned:	06/09/2014	Date of Injury:	10/27/2007
Decision Date:	08/15/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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:

This female patient developed chronic bilateral knee pain subsequent to a strain injury 10/27/07. She has been diagnosed with bilateral degenerative joint disease and has been treated with right and then left knee arthroscopic surgery. The degenerative joint disease includes patellar chondromalacia of the right knee and osteochonral defects in femoral portion of the left knee. Her pain is reported to be VAS scaled 6-8/10 and increases with activity. The treating physician requested a Functional Capacity Evaluation (FCE) for the purposes of determining limitations for a treating physicians Maximal Medical Improvement (MMI) report. The MMI report did not review or quote from the FCE. There is no documentation of communications with any employer or specific job tasks being offered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 7, 137-138.

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

Functional Capacity Evaluations, and on the ACOEM 2nd Edition Chapter 7 Independent Medical Evaluations page(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.