

Case Number:	CM13-0063546		
Date Assigned:	12/30/2013	Date of Injury:	10/25/2003
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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 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 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 52-year-old male who was injured on 10/15/2013. The patient injured knee and lower back, mechanism of injury is unknown. PR2 dated 11/13/2013 documented the patient to have complaints of intermittent back pain and knee pain. He has difficulty with prolonged activities such as walking, or standing. Objective findings on musculoskeletal exam revealed normal exam except as noted in HPI and chief complaint. On the lumbar exam, the patient has difficulty walking. The patient has difficulty changing position and getting onto the examining table. The motion is restricted and does cause painful symptoms. There is guarding with motion; gait is antalgic; Lumbar range of motion revealed extension 10 degrees of 90; flexion 45 degrees of 90. The patient was diagnosed with status post right knee arthroscopy, partial medial meniscectomy, and chondroplasty of the medial femoral condyle and patellofemoral joint, 03/28/2006; status post anterior-posterior decompression and fusion, L5-S1 on 04/21/2008; status post left knee surgery 2010; status post lumbar hardware removal and exploration of fusion, 11/2009; adjacent segment disease L4-5 with severe central and foraminal stenosis; status post left knee replacement, 03/11/2013 by [REDACTED]. A referral for a functional capacity evaluation was sent, to more objectively determine the patient's restriction and functional abilities.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Admission, functional capacity examination.

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 - Independent Medical Examinations and Consultations, page 511.

Decision rationale: As per CA MTUS guidelines, "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities." In this case, this patient is having chronic lower back and knee pain. The provider has documented that the patient has difficulty prolonged walking and standing. The lumbar motion is restricted and painful. The gait is antalgic. There is no documentation of physical exam for knee. There is no documentation regarding difficulties performing ADLs. The provider requested the FCE to more objectively determine the patient's restrictions and functional abilities. The provider stated there have been unsuccessful attempts to return the worker to usual and customary duties; however, there is no documentation if there is a specific job the patient is trying to return to and if yes, what are the specific job requirements that are required to be achieved. Thus, the request for an FCE is not medically necessary and non-certified.