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| Case Number: | CM13-0071166 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 02/15/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 12/11/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 female who reported an injury on 02/15/2012 due to a fall that reportedly caused an injury to her left hip and bilateral knees. The patient ultimately underwent medial and lateral meniscectomy of the right knee followed by postoperative physical therapy. The patient's most recent clinical evaluation documented that she had persistent pain complaints, mechanical symptoms with extended durations of activity. Physical findings included range of motion described as 0 to 120 degrees with moderate patellofemoral crepitation and bony tenderness with palpation of the medial femoral epicondyle and medial tibial plateau. It was also noted that the patient had palpable crepitation with flexion and extension of the knee and the patellofemoral joint. The patient's treatment plan included a corticosteroid injection, Synvisc injections, and transition to a long-term, non-steroidal anti-inflammatory drug. A request was made for a Functional Capacity Evaluation of the cervical spine, lumbar spine, left shoulder, and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF FCE OF THE CERVICAL SPINE, LUMBAR SPINE, LEFT SHOULDER AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The retrospective review of a Functional Capacity Evaluation of the cervical spine, lumbar spine, left shoulder, and bilateral knees is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation of the patient's capabilities to perform job functions than what can be provided by a regular physical examination is needed. The clinical documentation submitted for review does not provide any evidence that the patient is at maximum medical improvement and requires a more specified evaluation to determine her abilities to perform job functions. There is no documentation that the patient has had any return to work attempts. Therefore, the need for a Functional Capacity Evaluation is not clearly established. As such, the retrospective review of a Functional Capacity Evaluation of the cervical spine, lumbar spine, left shoulder, and bilateral knees is not medically necessary or appropriate.