

Case Number:	CM13-0072026		
Date Assigned:	01/15/2014	Date of Injury:	06/27/2012
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 6/27/12. She was seen by her orthopedic consultant on 9/11/2013, with complaints of occasional medial knee pain with popping. She was scheduled for an injection the following day. Her exam showed a minimally antalgic gait and minimal tenderness of the right medial knee with good range of motion and no instability. The diagnosis was chronic regional pain syndrome status post right knee arthroscopy. She was to complete her current physical therapy, and a functional capacity evaluation was requested to determine her ability to return to work. The functional capacity evaluation is at issue in this review.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21.

Decision rationale: This injured worker has had multiple prior diagnostic studies and treatment modalities. The MTUS/ACOEM Guidelines indicate that there is not good evidence that

functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. The injured worker's physical exam shows only a minimally antalgic gait and minimal tenderness of the right medial knee. The injured worker is able to tolerate physical therapy. The records do not support the medical necessity for a functional capacity evaluation.