

Case Number:	CM14-0002217		
Date Assigned:	01/24/2014	Date of Injury:	03/29/2013
Decision Date:	05/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 25 year old male with an industrial injury dated 3/29/13. The patient complained of continuous slight to moderate left knee pain associated with clicking and popping. Pain increases to moderate to severe with walking on uneven ground, climbing, crawling, squatting/kneeling, crouching, stooping, running, jumping lifting, carrying and standing. Examination of the left knee revealed tenderness, normal range of motion associated with crepitus and positive patellar apprehension and McMurray tests and a trace positive VA/GUS stress test. Motor strength of the left knee was decreased. There is a request for a Functional Capacity Evaluation with Computerized Range of Motion Testing on this patient in order to determine baseline values prior to commencing recommended treatment plan. The documentation indicates that effective 4/ 412013, the patient is cleared to perform all job functions associated with regular job duties. Patient can return to regular duty

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE WITH COMPUTERIZED ROM STUDY: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation.

Decision rationale: FCE with computerized ROM testing is not medically necessary per the MTUS ODG guidelines. The ACOEM MTUS states that under some circumstances it may be necessary to obtain a precise delineation on an FCE of patient capabilities than is available from routine from physical examination. The ODG states to consider an FCE if the case management has complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or an injury that requires detailed exploration of a worker's abilities. Additionally an FCE may be appropriate if the patient is close to or at MMI/all key medical reports secured or additional conditions are clarified. The ODG states that it is not appropriate to obtain an FCE if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The documentation indicates the worker has returned to a job and furthermore does not meet the ODG criteria for considering an FCE. The request for an FCR with computerized ROM testing is not medically necessary.