MAXIMUS Federal Services

Case Number:	CM14-0008699		
Date Assigned:	01/31/2014	Date of Injury:	05/12/2012
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/08/2014

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 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 is a 55-year-old female with a 5/12/12 date of injury. She was lifting a patient and felt a pop in her knee. On 12/18/13, it is noted that the patient is doing better, with decreasing pain and stiffness of her left knee. Objective findings show tenderness about her left knee. She is noted to be at maximum medical improvement. The patient has tried to return to work but has been unsuccessful. The provider would like to refer her to a Functional Capacity Evaluation. MRI of the left knee on 9/6/12 showed a tear of the lateral meniscus including a radial defect affecting the anterior horn with a peripheral parameniscal cyst and a grade 2 signal within the posterior horn of the medial meniscus. Diagnostic Impression: Left Knee Sprain, Meniscal Tear. Treatment to date: medication management, physical therapy, activity modification, A UR decision dated 1/8/14 denied the request for a FRC based on a lack of clinical information. There is no documented range of motion or residual physical impairement that is leading to functional deficits. There is question as to the type of work/job demands and what is required for the patient to meet these demands. There are also concerns regarding psychosocial barriers to recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE) LEFT KNEE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter: FCE.

Decision rationale: CA MTUS states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, on the most recent progress note, the patient is noted to have decreased pain and improved range-of-motion. It is documented that she has tried to return-to-work but was unable to do so. However, there is no discussion provided as to why the patient was unable to return to work. It is unclear what type of job she was doing, and why she was unable to return. There is no clear description of what functional level the patient should be able to perform at once she does return to work. In addition, any possible social circumstances preventing the patient's successful return to work are not addressed. This patient has a May of 2012 date of injury, and it is unclear from the records provided why she has not been able to return to work. More information is necessary to substantiate this request. Therefore, the request for Functional Capacity Evaluation (FCE) left knee was not medically necessary.