

Case Number:	CM14-0009294		
Date Assigned:	02/14/2014	Date of Injury:	06/12/2013
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 49-year-old male who has submitted a claim for left knee medial meniscus tear status post left knee arthroscopic partial medial meniscectomy associated with an industrial injury date of June 12, 2013. Medical records from 2013-2014 were reviewed. The patient complained of left knee pain. The pain was aggravated by prolonged standing, twisting and climbing. Physical examination showed pain on the left knee with flexion. There was effusion noted. MRI of the left knee, dated September 16, 2013, revealed tear of the posterior horn of medial meniscus with degenerative changes, and mild sprain of anterior cruciate ligament. EMG (electromyography)/NCV (nerve conduction velocity) exam dated December 11, 2013 showed no electroneurographic evidence of entrapment neuropathy. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left knee arthroscopic partial medial meniscectomy. Utilization review, dated January 9, 2014, denied the request for functional capacity evaluation because FCE (functional capacity evaluation) is not as effective when the referral is less collaborative and more directive, and job specific FCEs are more helpful than general assessments. The request for aqua therapy x 12 to the left knee was denied as well because there was no evidence to support the claim that non-weight bearing exercises will reduce his pain and improve functional capacity any more than land-based physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of aqua therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity. In this case, the rationale for the present request was not provided. The patient has undergone several sessions of physical therapy sessions but there was no mention or documentation of failed land-based therapy. There was no indication why the patient could not participate in a land-based physical therapy program. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. There is also no documentation stating the need for reduced weight bearing. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for twelve sessions of aqua therapy is not medically necessary or appropriate.

Functional Capacity Evaluations (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132-139, as well as the Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. 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), and timing is appropriate (Close to or at MMI/all key medical reports secured, and additional/secondary conditions have been clarified). In this case, the patient is on modified duty work with specified work restrictions. The submitted progress notes document the functional and work restrictions for this patient. Furthermore, there was also no discussion regarding failed return-to-work attempts or whether the patient is close or at

maximum medical improvement, which are conditions wherein an FCE may be considered. There is no indication for a functional capacity evaluation at this time. Furthermore, the present request failed to mention the specified quantity. Therefore, the request for functional capacity evaluations is not medically necessary or appropriate.