

Case Number:	CM14-0108069		
Date Assigned:	08/01/2014	Date of Injury:	05/02/2013
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old male with a date of injury of 05/02/2013. The listed diagnoses per [REDACTED] are injury to the lumbar spine; internal derangement of the knee; and contusion of knee. According to progress report, 05/15/2014, the patient is status post right knee arthroscopy, partial lateral and medial menisectomies and debridement of the lateral tibial plateau on 01/07/2014. The patient presents with ongoing right knee issues postsurgically. Patient states during physical therapy, the therapist bent the knee forcefully causing intense right knee pain. Examination revealed tenderness to palpation over the pes anserine and quadriceps insertion on the patella and over the medial abductor area. There is also tenderness noted to palpation over the superior pole of the patella and noticeable swelling in the right knee. The patient can flex up to 100 degrees. It was noted the patient had a magnetic resonance imaging (MRI) of the thigh, which was within normal limits. The request is for authorization for functional capacity assessment for final work restrictions in anticipation of a permanent and stationary report. Utilization review denied the request on 06/30/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations page 137,139.

Decision rationale: This patient is status post right knee surgery on 01/07/2014 and reports ongoing pain. The treater is requesting authorization for functional capacity assessment for final work restrictions in anticipation of a permanent and stationary report. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation (FCE). It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. The treater appears to be asking for FCE for a routine evaluation, which is not supported by the ACOEM. Recommendation is not medically necessary.