MAXIMUS Federal Services

Case Number:	CM14-0012249		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2013
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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 44 year old male who was injured on 08/05/2013 while the patient was installing a rubber base on a floor and knelt for three hours. The left knee locked as the patient tried to stand up. Prior treatment history has included the patient undergoing a left knee arthroscopy on 10/14/2013. The medications include pain meds. PR-2 dated 12/18/2013 documented the patient with complaints of occasional pain in the left knee. Objective findings on exam reveal the patient is status post arthroscopic surgery to the left knee, which is well healed. Diagnosis: Left knee pain, status post arthroscopy. Treatment Plan: 1) FCE, 2) PT to left knee 3x4, 3) Acupuncture to left knee 2x6, and 4) Ortho consult for left knee. UR report dated 01/21/2014 denied the request for a Functional Capacity Evaluation. There is no indication that the patient is at or close to maximum medical improvement. There is also no evidence of failure of previous return to work attempts to necessitate the requested functional capacity report. There is no evidence of a definite vocational plan or care or available job positions to support the need for this evaluation.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultants, page 511 Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: According to the California MTUS/ACOEM guidelines, Functional Capacity Evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. According to the ODG, FCE is recommended if the patient has evidence of prior unsuccessful return to work (RTW) attempts, if there is conflicting medical reporting on precautions and/or fitness for a modified job, if the patient's injuries are such that require detailed exploration of the worker's abilities, or if the patient is close or at maximum medical improvement (MMI). The medical records submitted for review documents that the employee is status post left knee arthroscopy but continues to report left knee pain. There is no documentation of prior unsuccessful return to work attempts or that the employee is close to or at MMI. There is no detailed job description that includes the physical tasks that are essential to the employee's job. There is no clear indication as to how undergoing a FCE would be of any significant benefit to the employee's course of treatment. Thus, the guidelines criteria have not been met and the request for FCE is not medically necessary and appropriate.