

Case Number:	CM14-0118391		
Date Assigned:	09/23/2014	Date of Injury:	08/10/2011
Decision Date:	12/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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 a licensed Chiropractor 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 claimant is a 44-year-old female who was involved in a work injury on 8/10/2011. The injury was described as the claimant slipped and fell landing on her knees. The claimant noted immediate onset of left knee pain. The claimant was referred to the local industrial clinic and was prescribed medication. The claimant reportedly underwent a course of physical therapy. The claimant then underwent left knee surgery followed by course of postoperative therapy. In April 2012 the claimant underwent a 2nd left knee surgery followed by course of postoperative therapy. On 4/28/2014 the claimant was reevaluated by her PTP, [REDACTED] for complaints of continued shoulder pain at 5/10 and left knee pain at 7/10 on the visual analogue scale. The claimant was diagnosed with left knee stiffness status post left knee arthroscopy. The recommendation was for a functional capacity evaluation. On 7/8/2014 a peer review was performed resulting in noncertification of the requested FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (left knee): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupation and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48.

Decision rationale: The rationale for the denial was that the functional capacity evaluations are specifically not supported if the sole purpose is to determine a worker's effort or compliance. The criteria to establish the medical necessity for a functional capacity evaluations are: case management hampered by complex issues such as prior unsuccessful return-to-work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, or that the patient is close or at maximum medical improvements all key medical reports secured, as well as no information describing that the functional capacity evaluation was designed for this patient specific occupation." However, the 4/28/2014 report indicates that "this case has been hampered by complex issues such as, unsuccessful attempts to return the worker back to usual and customary duties, conflicting medical reports as to the work status, and significant injuries that require detailed exploration for work precautions or modified duties." It appears that this request is consistent with MTUS guidelines. The claimant has undergone multiple surgeries followed by postoperative therapy and appears to have attempted to return to work according to the 4/28/2014 report. A functional capacity evaluation can be considered appropriate to address the claimant's deficits and determine the claimant's functional capacity and ability to return to work. Therefore, I recommend certification of the requested FCE.