

Case Number:	CM14-0127625		
Date Assigned:	08/15/2014	Date of Injury:	06/15/2013
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 42-year-old with a reported date of injury of 06/15/2013 that occurred when lifting boxes off a pallet. The patient has the diagnoses of pain in joint of lower leg, contusion of the knee, plica syndrome and medical meniscus tear. Past treatment modalities have included surgery and physical therapy. Per the progress notes provided by the primary treating physician dated on 07/01/2014, the patient had complaints of constant pain with occasional locking of the knee and radiation of the pain into the hip. Physical exam of the right knee noted a mild effusion with normal range of motion and some patellofemoral clicking with active flexion and extension of the knee. Treatment recommendations included continued post-operative physical therapy, VMO strengthening and weaning from cane as tolerated.

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 ODG - TWC Fitness For Duty Guidelines; regarding performing an (Functional Capacity Evaluation) FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty guidelines for performing an FCE.

Decision rationale: The ACOEM and California MTUS do not specifically address the functional capacity evaluation except the ACOEM states "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The ODG guidelines for consideration of performing an FCE indicates, the case management is 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 the worker's abilities and timing is appropriate :Do not proceed with an FCE if the sole purpose is to determine the worker's effort or compliance the worker has returned to work and an ergonomic assessment has not been arranged, close or at MMI. Per the documentation provided the patient is still experiencing locking of the knee and significant pain. The patient is also continuing physical therapy. There are also no reports of failure to return to work. The patient has not met or close to MMI. Based on these facts, the patient does not meet the criteria set forth by the ODG for an FCE consult and thus the request is not medically necessary.