

Case Number:	CM14-0170668		
Date Assigned:	10/23/2014	Date of Injury:	01/28/2013
Decision Date:	11/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Pain 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 39 year old Spanish speaking male who suffered a left knee injury on on January 28, 2013 while ascending a ladder for roof access. The patient turned to his right and heard two pops from his left knee. He was initially evaluated by internal medicine then by Orthopedic Surgery. He has had plain film x-rays and MRI completed. The diagnosis is a tear of the medial meniscus and patellar chondromalacia. He was subsequently treated conservative with physical therapy, oral medications, and corticosteroid injection into the left knee. The injection resulted in one week of relief but due to persistent pain, patient underwent left knee arthroscopic surgery on 4/30/2014. The patient reported further pain relief after the procedure. The patient continued to work in a modified capacity during this time period except for post-operatively when he was deemed temporarily totally disabled for 6 weeks. He was seen in follow-up by his orthopedic specialist on September 11, 2014. He was reported to be "doing much better. His pain is fairly minimal except when he goes up and down stairs." He had completed therapy and was encouraged to continue a home exercise program. A Functional Capacity Examination was requested to assess "his capacity to return to work."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138

Decision rationale: Prior to surgical interventional the patient was able to continue work in a modified capacity. Per chart documentation, post-operatively, the patient has minimal pain as per a progress note on September 11, 2014. In this case, since the California Medical Treatment Utilization Schedule does not directly specify provisions on FCE's, either the ACOEM or Official Disability Guidelines may be consulted. Per Official Disability Guidelines, a Functional Capacity Examination (FCE) is considered if there are prior "unsuccessful Return to Work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities." The patient has not had any failures to return to work. A FCE at this time is not medically necessary.