

Case Number:	CM14-0175144		
Date Assigned:	10/28/2014	Date of Injury:	12/20/2010
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgeon and Hand Surgeon and is licensed to practice in Texas and Georgia. 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 injured worker is a 44 year old male who reported injury on 10/20/2010. The mechanism of injury was exercise/running while at work. His diagnosis was status post bilateral knee arthroscopy. His past treatments included physical therapy. Diagnostic studies included an x-ray on 06/10/2014 of bilateral knees, MRI right knee on 06/10/2013 and a MRI of the left knee on 08/30/2011. The injured worker's surgeries included bilateral knee arthroscopy with partial medial and lateral meniscectomies, chondroplasties and partial synovectomy. His symptoms on 08/22/2014 included improved bilateral knee pain since surgery, though he continued to report weakness. He had been doing exercise and was improving strength. Upon physical assessment there was no indication of knee instability and the surgical scars bilaterally to the knees had healed. His medications were not included for review. The treatment plan included to continue home exercise and a function capacity evaluation. The rationale for the functional capacity evaluation was in contemplation of permanent and stationary report. Information regarding the injured worker's functions and job demands were evaluated and a specific evaluation was created. There had been indications of conflicting medical reports as to work status, as well as significant injuries requiring exploration in a thorough manner as to work precautions or modified duties, with unsuccessful attempts of returning to work. The Request for Authorization form was dated 09/11/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty (Acute & Chronic)

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, Functional capacity evaluation (FCE)

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Consideration for a functional capacity evaluation may also be warranted if case management is hampered by complex issues for instance, unsuccessful attempts to return to work, precautions or fitness for modified jobs with conflicting medical reports, or injuries that require detailed exploration of a worker's abilities. The injured worker indicated his pain had considerably improved since surgery and had been exercising to improve strength. There was mention of complex issues interfering with the injured worker's attempt of returning to work though no quantifiable documentation was submitted to illustrate significant functional deficits. As such the request for functional capacity evaluation is not medically necessary.