

Case Number:	CM14-0023331		
Date Assigned:	05/12/2014	Date of Injury:	05/25/2013
Decision Date:	07/10/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Interventional Spine, 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 20 year old female with an injury date of 05/25/13. Based on the 01/15/14 progress report provided by [REDACTED] the patient's diagnoses include a kneesprain/strain and knee pain. She rates her sharp, throbbing, pressure-type pain as an 8/10 without medication. The objective findings included tenderness to palpation of the medial joints bilaterally. No MRI's were provided. [REDACTED] is requesting for one functional capacity evaluation. The utilization review determination being challenged is dated 01/24/14. [REDACTED] is the requesting provider, and he provided two treatment reports from 01/15/14 and 05/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluations, Chapter 7, Pages 137, 139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluations, Chapter 7, Pages 137, 139.

Decision rationale: According to the 01/15/14 report by [REDACTED], the patient presents with knee sprain/strain and knee pain. The request is for one functional capacity evaluation. Utilization review letter dated 01/24/14 denied the functional restoration program stating that the patient has been temporarily totally disabled since 05/31/13 and there are no indications of any prior unsuccessful attempts to return to modified or full duty. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." There is no discussion regarding the patient's work status. The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. The request is not medically necessary.