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| Case Number: | CM14-0024286 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 08/28/2009 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Occupational Medicine, and is licensed to practice in New York and 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:

This 56-year old man was injured on 8/28/09 and he has the following diagnoses: neck sprain, chondromalacia of the patella, sprain of unspecified site knee and leg, head pain, lateral epicondylitis, and ulnar nerve lesion. He has not been working since August 2011. He is s/p (status post) arthroscopy on the left side on 1/14/10 and 5/26/11 and on the right side on 7/26/13. He had physical therapy on 8/2013 for about 12 sessions without benefit. Per AME in December 2013, he has reached a permanent and stationary status, and felt vocational rehabilitation was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE).

Decision rationale: Per Official Disability Guidelines the functional capacity evaluations are indicated prior to work hardening/ work conditioning programs, and also it has been recommended as a case management tool when the injured worker has had unsuccessful attempts to return to work, or has injuries, that require detailed exploration of a worker's abilities. Furthermore, per ACOEM guidelines, FCE should be considered when translating impairment into functional limitations and work ability, There is a significant disparity between what the AME opines the injured worker can do (lift 50 pounds), and what the injured worker says he can do (lift 10 pounds). So there is not any information about the request, why it is needed, or how the information will be used and therefor the functional capacity evaluation is not medically necessary.