

Case Number:	CM14-0026827		
Date Assigned:	06/13/2014	Date of Injury:	11/21/2013
Decision Date:	08/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 41 year old male whose date of injury is 11/21/2013. The injured worker was exiting his patrol car when he struck his right knee. Radiographic report dated 11/22/13 is a negative study. Report dated 01/06/14 indicates that the injured worker is working modified duty, administrative work. the injured worker works as a deputy sheriff which requires extensive driving as well as repetitive standing, walking, bending, stooping, squatting, twisting, turning, forceful pushing and pulling, forceful gripping and grasping, reaching to all levels, torqueing, lifting and carrying up to 150 pounds when lifting a body off the ground, ascending and descending stairs and occasionally running and kneeling.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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 Chapter, Functional capacity evaluation.

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review. There is no documentation of prior unsuccessful return to work attempts. It is unclear if the injured worker is at or near maximum medical improvement. Therefore, the requested functional capacity evaluation is not in accordance with the Official Disability Guidelines, and medical necessity is not established.