

Case Number:	CM14-0028834		
Date Assigned:	06/16/2014	Date of Injury:	12/08/2011
Decision Date:	12/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 33 year old male who sustained an industrial injury on 12/08/11 while a bullet from a fellow SWAT officer struck him in the right thigh. X-ray at the time revealed comminuted fracture of the distal right femur. He was status post ORIF and IM nailing and was status post hardware removal and exploration on April 1, 2013. The note from 11/27/13 was reviewed. He was running 1 to 3 miles several times a week and was attending gym regularly. He was taking Tramadol and Amitriptyline as needed. He was asked to return to his usual and customary duties as a police officer in Class IV, arduous work as a patrol officer. The clinical note from 01/29/14 was also reviewed. His subjective complaints included a right lower extremity pain of 3-4/10. He continued to improve with time and was having less pain. The H wave was helping to control his pain level. The patient had recently started working again and stated that the pain had been stable, but occasionally experienced flare-ups. He was taking Tramadol ER 150mg daily. It was helping decrease the pain and increase function. Objective findings included painful patellofemoral crepitus with motion of the right knee without patellar instability. He was also tender to palpation along the incision site with no erythema, induration or ecchymosis. Gait was mildly antalgic. Diagnoses included chondromalacia patella of the right knee, status post ORIF distal femur fracture and status post hardware removal. The request was for functional capacity evaluation to objectify work restrictions. He was noted to be working his usual and customary occupation as a patrol officer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Right Leg, Right Knee, back to objectify work restrictions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation.

Decision rationale: The ACOEM guidelines indicate that functional capacity evaluations should be considered when necessary to translate medical impairment into functional limitations and to determine work capacity. According to Official Disability Guidelines, FCE should be considered when there is 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. In addition, the guidelines not to proceed with FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The medical records submitted for review indicate that he was running several miles a week, was going to gym and was working full time in his usual and customary duty. There was no failed or unsuccessful return to work attempt, no documentation of conflicting precautions and/or fitness for modified job. Therefore the request for Functional Capacity Evaluation is not medically necessary and appropriate.