

Case Number:	CM14-0031079		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2010
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/12/2014

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 Surgery 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:

This 56-year-old male firefighter/paramedic sustained an industrial injury on 5/2/10. The mechanism of injury is not documented. Records indicated that the patient retired on disability retirement as of 3/31/12. The patient underwent right knee arthroscopy with synovectomy, chondroplasty, anterior cruciate ligament debridement, medial and lateral meniscectomy, removal of loose chondral bodies, resection of synovial plica, and lateral retinacular release on 7/4/13. The 2/6/14 request indicated that a functional capacity evaluation would be performed to provide information on the patient's physical abilities. The treating physician stated this information would assist in providing the most accurate opinions regarding permanent impairment, permanent work restrictions, and future medical needs. The 2/14/14 utilization review denied the request for a functional capacity evaluation as there was no indication of current job demands, job requirements, or failed attempts at return to work to support the medical necessity of this request.

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 (ODG).

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: ACOEM guidelines state that there is little evidence that functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in a workplace citing that an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances. The Official Disability Guidelines support the use of an FCE when the patient is close to or at maximum medical improvement and the worker is actively participating in determining the suitability of a particular job. The ODG state that an FCE should not be performed if the sole purpose is to determine a worker's effort or compliance. There is no documentation that the patient intends to return to work, he has been on disability retirement for 2 years. Therefore, this request for a functional capacity evaluation is not medically necessary.