MAXIMUS Federal Services

Case Number:	CM14-0044682		
Date Assigned:	07/02/2014	Date of Injury:	05/24/2011
Decision Date:	08/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/11/2014

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 and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 05/24/2011. The mechanism of injury was noted to be a fall. The injured worker's diagnoses were noted to be status post right knee arthroscopic surgery and right knee chondromalacia patella. The injured worker was noted to have prior treatment of physical therapy and corticosteroid injections. The injured worker had an X-Ray and an MRI. The injured worker had an arthroscopic right knee surgery in 07/2012. The injured worker had a clinical evaluation on 07/01/2013. She had right knee pain. The physical examination noted the injured worker to be in no acute distress. Gait was antalgic. The injured worker used a cane to ambulate. Her range of motion of the right knee was 0 degrees to 80 degrees. There was no tenderness to palpation to the medial joint line. The incision sites were clean, dry, and intact. No sign of infection or erythema. There was negative posterior drawer test, negative Lachman's, no patellar instability, and positive McMurray's with medial pain. There was no sign of infection or digital vein thrombosis and popliteal pulses were 2+. The treatment plan was for Orthovisc injections, chiropractic treatments, medications, and an updated MRI. The provider's rationale for the request was not provided in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a functional capacity evaluation, QTY: 1 for the service date of 02/28/2014: 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), Online, FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for a retrospective Functional Capacity Evaluation, QTY: 1, for the service date of 02/28/2014 is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine recognize the Functional Capacity Exam/Evaluation as a supported tool for assessing an injured worker's function and functional recovery. The Official Disability Guidelines recommend Functional Capacity Evaluation prior to admission to a work hardening program with preference for assessments tailored to a specific job or task. If a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not as effective when the referral is less collaborative and more directive. The documentation submitted for review does not give specific information on the injured worker's willingness to be involved in participating with job suitability. The documentation failed to include a plan for a work hardening program. Additional documentation will need to support the medical necessity for the retrospective Functional Capacity Evaluation. Therefore, the retrospective request for a Functional Capacity Evaluation, QTY: 1 for the service date of 02/28/2014 is not medically necessary.