

Case Number:	CM14-0061152		
Date Assigned:	07/09/2014	Date of Injury:	07/20/2012
Decision Date:	08/21/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Rehabilitation and is licensed to practice in 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 records presented for review indicate that this 44 year-old individual was reportedly injured on 7/20/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 4/8/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated bilateral knee: range of motion 0 degrees-135 degrees, mild popping/crepitus during range of motion bilaterally. Positive joint line tenderness bilaterally. Diagnostic imaging studies include an MRI of the right and left knee which reveal right knee patellofemoral chondromalacia and tendinosis of the patellar insertion. Left knee reveals patellofemoral chondromalacia and tendinosis of the infra patellar tendon. Previous treatment includes medications, physical therapy, and conservative treatment. A request had been made for functional capacity evaluation for bilateral knees. And was not certified in the pre-authorization process on 4/19/2014.

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 Bilateral Knees.: 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), Functional Capacity Evaluation. Official Disability Guidelines (ODG), Fitness For Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: Functional capacity evaluation recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs (FRPs), a type of treatment included in the category of interdisciplinary pain programs (see Chronic pain programs), were originally developed by Mayer and Gatchel. FRPs were designed to use as medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. After review of the medical records provided, the injured worker is considering bilateral knee arthroscopy. Therefore, this request is deemed not medically necessary.