

Case Number:	CM14-0069381		
Date Assigned:	07/14/2014	Date of Injury:	10/22/2013
Decision Date:	10/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

The injured worker is a 33-year-old female who reported an injury on 10/22/2013. Mechanism of injury was not submitted for review. The injured worker has diagnoses of sprain/strain knee/leg of the right, contusion of the right knee. Past medical treatment consists of physical therapy, E stim, the use of a cane, surgery and medication therapy. The injured worker underwent right knee arthroscopy. On 03/31/2014, the injured worker complained of discomfort of the right knee. Examination of the right knee revealed that there was no notable swelling. There was no prominence of the medial collateral ligament area of the medial femoral condyle. There was no gross effusion. Flexion of the knee was 30 degrees and extension was 0 degrees. There was no pain other than the medial and lateral joint line area of the knee. There was evidence of notable tenderness to palpation. There was a negative patellofemoral grind test and negative patella apprehension test. Cruciate function of the knee was intact with a negative anterior and posterior drawer sign and a negative Lachman maneuver. Gross stability of the knee was satisfactory at a full extension and 30 degrees of flexion to varus and valgus stress testing. Sensation was intact to light touch, pinprick and 2 point discrimination in all dermatomes in the bilateral lower extremities. Motor strength examination revealed 5/5 bilaterally. Deep tendon reflexes revealed knee jerk and ankle jerk were 2+ bilaterally. Babinski, Hoffman's and clonus were negative. The treatment plan is for the injured worker to undergo a Functional Capacity Evaluation. The rationale and Request for Authorization Form were not submitted for review.

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 ACOEM chapter 6, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The submitted report lacked objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan and goals. Furthermore, there was a lack of documentation of other treatments the injured worker underwent previous and the measurement of progress, as well as efficacy of the prior treatments. Given the above, the injured worker is not within the MTUS/ACOEM and ODG recommended guidelines. As such, the request for Functional Capacity Evaluation is not medically necessary.