

Case Number:	CM14-0073825		
Date Assigned:	07/16/2014	Date of Injury:	03/24/2012
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/21/2014

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 Texas. 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 patient is a 51 year old male who sustained an industrial injury on 3/24/2012. The patient is status post right knee partial medial and lateral meniscectomy, chondroplasty, synovectomy, and lateral release on 12/04/2013. Postoperatively, care has included pain medication, physical therapy, and TTD status. The patient was seen for orthopedic follow-up evaluation on 3/12/2014. He complains of right knee pain, rated 5-6/10, and that the knee continues to feel weak. He does not feel he has reached his pre-surgical level of functioning. The physician states he again explained to the patient that he is only 3 months post post, and full recovery is not usually seen until 6 months to 1 year out from surgery. He is a little premature in hoping he would be back to his pre-injury status. Physical examination documents the patient is a morbidly obese 51 year old male in no acute distress. Height 5'7" and weight 349 lbs. His weight is a factor, and if he could lose some weight, the knee would recover fully. He has 130/130 degrees flexion, 0/0 degrees extension, well-healed arthroscopic portals, continued tenderness to palpation of the medial joint space, negative McMurray's test, and continued positive patellar compression and grind tests. He continues to have an antalgic gait, some of which is due to his body habitus as his thighs are quite large, and some is due to the injury and surgical correction. Diagnoses: 1. Status post right knee arthroscopy of 12/04/2014 and 2. Morbidly obese. Treatment plan includes discontinuing medications and begin second course of post-op PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Evaluation) of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21; 81. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 511;Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The purpose and medical necessity of an FCE is not clear in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate he has injuries that required detailed exploration of his abilities. In addition, patient had undergone knee surgery, and the medical records do not reflect that this patient is considered at/near MMI at this time. There is no evidence that the patient is a candidate for a work hardening program. Consequently, the medical necessity of a functional capacity evaluation has not been established.