

Case Number:	CM14-0080024		
Date Assigned:	07/18/2014	Date of Injury:	09/18/2013
Decision Date:	09/17/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency Medicine and is licensed to practice in New York. 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 43-year-old male who was injured on September 18, 2003. The patient continued to experience pain in his left knee and left shoulder. Physical examination was notable for decreased sensation in the lateral left arm, decreased motor function in the left deltoids and left biceps, decreased sensation to pinprick and light touch at medical left thigh, and dorsomedial left foot, decreased motor strength to left knee flexion and extensions, and lateral joint line tenderness to the left knee. Diagnoses included left shoulder sprain and impingement and left knee internal derangement. Treatment included physical therapy, surgery, and medications. Request for authorization for functional capacity evaluation was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: Fitness for Duty: Functional Capacity Evaluations.

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 Evaluations.

Decision rationale: Both job-specific and comprehensive Functional Capacity Evaluation (FCE)'s can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as:- Prior unsuccessful RTW attempts.- Conflicting medical reporting on precautions and/or fitness for modified job.- Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate:- Close or at MMI/all key medical reports secured.- Additional/secondary conditions clarified. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged. In this case the patient had arthroscopic left knee surgery in March 2014 and was still on temporary disability. There is no documentation that the patient is close to or has met maximal medical improvement. The request is not medically necessary and appropriate.