MAXIMUS Federal Services

Case Number:	CM13-0020101		
Date Assigned:	11/08/2013	Date of Injury:	03/25/2011
Decision Date:	01/23/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 California and Arizona. 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 44-year-old male with a date of injury of 03/25/2011, and his mechanism of injury is not included in the medical record. His diagnoses included derangement of medial meniscus of the left knee. His past treatments included physical therapy, home exercise program, and pain medications. His diagnostic studies have included an MRI on 06/12/2013. His surgical history included an osteochondral autograft transfer on 04/09/2013. The clinical note of 08/16/2013 indicated the injured worker had complaints of knee pain at night, making it hard to sleep. The physical exam findings included negative tenderness to left calf, and swelling was mild. Range of motion 0 to 120 degrees. Lachman's was negative. The medication prescribed for the injured worker included Norco. The treatment plan was referral to pain management, modified duty at work, and request a work conditioning evaluation. The rationale for the request was to objectify functional limitations. The Request for Authorization form is signed and dated 08/16/2013 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations, pages 132-139

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 chapter, Functional Capacity evaluation.

Decision rationale: The injured worker has returned to modified work duty. The ACOEM Guidelines indicate that a number of functional assessment tools are available, including functional capacity exams and videotapes. However, they do not address the specific criteria for the performance of an FCE. The Official Disability Guidelines recommend that a Functional Capacity Evaluation are recommended prior to admission to a work hardening program. An FCE should be considered if case management is hampered by complex issues, such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's ability. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. The documentation provided for review indicated the work capacity evaluation was to objectify if the injured worker really has functional limitations. The documentation also states that due to subjective pain, the injured worker cannot work full duty. Documentation indicates that a referral to a pain medication doctor for chronic pain has been made. The guidelines state that the Functional Capacity Evaluation should not proceed if the sole purpose is to determine a worker's effort or compliance. Therefore, the request is not indicated at this time. The request for Work Capacity Evaluation is not medically necessary.