MAXIMUS Federal Services

Case Number:	CM13-0037588		
Date Assigned:	04/25/2014	Date of Injury:	05/10/2012
Decision Date:	01/05/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66 year old female with an injury date of 05/10/12. The utilization review letter states that the patient has right hand pain and left knee pain. Upon examination, she has an antalgic gait, a positive Lasegue's sign, and left knee medial/lateral joint line tenderness.Based on the 10/28/13 progress report, the patient also complains of depression and anxiety. The 12/09/13 report states that the patient ambulates with a cane, walks with a limp, and has a limited range of motion. The 08/13/12 MRI of the left knee revealed a medial meniscal posterior horn tear. The patient's diagnoses include the following right little finger laceration and strain; left knee contusion and strain and rule out stress, anxiety, and depression. The utilization review determination being challenged is dated 09/23/13. Three treatment reports were provided from 10/28/13, 12/09/13, and 01/13/14.

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 Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, page 137-139, Functional capacity evaluations

Decision rationale: According to the 10/28/13 report, the patient presents with depression, anxiety, and left knee pain. The request is for a Functional Capacity Evaluation. The report with the request was not provided. The 10/28/13 report states that "the patient will return to modified duty with the following work restrictions: limited kneeling and squatting, limited standing and walking with the use of a cane, limited lifting, pulling, and pushing up to 15 pounds. She must be able to stand or sit at liberty." MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The report with the request is not provided and therefore, it is unknown if the request was from the employer or the provider. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the provider does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. Therefore, this request is not medically necessary.