

Case Number:	CM14-0201606		
Date Assigned:	01/06/2015	Date of Injury:	01/21/2014
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 56 years old female patient who sustained an injury on 1/21/2014. She sustained the injury due to tripped and fell on to cement ground. The current diagnoses include right knee lateral meniscal tear, traumatic and left ankle status post Achilles tendon repair. Per the doctor's note dated 9/18/2014, she had complaints of pain in the lateral border of the knee, difficulty coming down stairs and difficulty with squatting or kneeling on the right knee. The physical examination revealed right knee- marked lateral joint line tenderness, full range of motion, Positive for McMurray's and Apley's testing; antalgic gait; left ankle- incision healing well and no drainage, swelling or calf tenderness. The medications list includes Levoxy, Lisinopril, Iatanoprost, and aspirin. She has had MRI left ankle which revealed Achilles tendon partial rupture; MRI right knee dated 9/2/2014 which revealed question subtle horizontal tear of the body of the lateral meniscus surfacing at the free edge. She has undergone right knee arthroscopic lateral menisectomy and chondroplasty on 12/22/2014; left Achilles tendon repair on 1/31/2014. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation regarding right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical

Examinations and Consultations, page 132-139 and Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: 7 Independent Medical Examinations and Consultations, Page-137-138, and the Official Disability Guidelines (ODG); Chapter: Fitness for Duty (updated 09/23/14) Functional Capacity Evaluation (FCE)

Decision rationale: Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to performing the workplace, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above "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 return to work (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." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Functional capacity evaluation regarding right knee is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.