

Case Number:	CM14-0205013		
Date Assigned:	12/17/2014	Date of Injury:	11/26/2012
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 52 year old male who sustained an industrial injury on 11/25/12 when he fell in the attic after his foot got caught in a ceiling tile. This resulted in knee injury. He had sustained a strain of the medial collateral ligament and tear of the menisci. He had surgery of his right knee in 2013. His other treatment included knee joint injections, physical therapy and medications. The Orthopedic consultation note from 11/17/14 was reviewed. His symptoms included back pain with occasional radiation to the right hip, right leg and right knee pain. His back pain and leg pain started from his altered gait from his knee injury. He reported occasional numbness and tingling in the two toes beside the big toe and weakness. Pertinent examination findings included limited lumbar spine flexion, normal sensation and normal motor strength. Straight leg rising testing was bilaterally negative and Laseague's test was positive. There was positive patellofemoral pain and crepitation bilaterally in knees. His diagnoses included lumbar spine sprain/strain with right sciatica, status post right knee arthroscopic surgery. He declined medications. The plan of care included chiropractic therapy three times a week for four weeks, Naprosyn topical cream, functional capacity evaluation, interferential unit and Synvisc intra-articular injections. He was on temporary disability since November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacities evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Functional Capacity evaluation

Decision rationale: The ACOEM guidelines indicate that functional capacity evaluations should be considered when necessary to translate medical impairment into functional limitations and to determine work capacity. According to Official Disability Guidelines, functional capacities evaluation (FCE) should be considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The medical records submitted for review do not document prior unsuccessful return to work attempts since his work had no modified duty. In addition, there was no documentation with conflicting precautions and/or fitness for modified job. Hence the request for functional capacity evaluation is not medically necessary and appropriate. The provider does not document why FCE information would be crucial and there is little scientific evidence that FCEs predict an individual's actual capacity to perform in the work place. Guidelines do not support proceeding with FCEs for the sole purpose of determining a worker's effort or compliance. The request is not medically necessary.