

Case Number:	CM14-0205968		
Date Assigned:	12/18/2014	Date of Injury:	04/29/2014
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 63 year old female with a work injury dated 4/29/14. The diagnoses include right knee status post arthroscopy 10/2/14, quads atrophy right leg, left knee meniscus tears and osteoarthritis, left hip degenerative joint disease, low back pain secondary to antalgic gait, multi level disc protrusions and disc disease lumbar spine. Under consideration are requests for 1 Functional Capacity Evaluation. There is a primary treating physician progress note dated 4/29/14 that states that the patient states that she is doing markedly better status post right knee surgery. She feels that her current pain level for the right knee is 1/10 pain and she is able to do most activities of daily living. She still has atrophy and weakness of the quads and is complaining of right hip pain and lower back pain. On exam her gait is within normal limits. There is tenderness to palpation in the paralumbar musculature. There is tenderness in the left posterior superior iliac spine region. There is spasm in the paralumbar musculature. There is 5/5 muscle motor strength in all muscles tested in the lower extremities. The lower knee and ankle reflexes were intact bilaterally. There is decreased forward lumbar flexion with pain. There is a negative bilateral straight leg raise. There is positive left quadriceps atrophy, positive left crepitus and medial joint line tenderness and lateral joint line tenderness. The right knee has well healed scars and quadriceps atrophy. The treatment plan includes post op physical therapy 3 x 6 weeks to be weaned to a home exercise program. There is a refill of medications. She is indicated for a functional capacity evaluation to determine true impairment rating as she is reaching maximal medical improvement and to determine an accurate impairment rating.

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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty- Functional Capacity Evaluation (FCE)

Decision rationale: 1 Functional Capacity Evaluation (FCE) is not medically necessary per the Official Disability Guidelines (ODG) and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that 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. One should consider an FCE if case management is hampered by complex issues, such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues or prior return to work attempts. The patient was requested to have a functional capacity evaluation at the same time that her treatment plan recommended post-op physical therapy. At this point, an FCE (functional capacity evaluation) would not be appropriate as she is still rehabilitating from surgery. For all of these reasons, the request for a functional capacity evaluation QTY #1 is not medically.