

Case Number:	CM15-0100993		
Date Assigned:	06/03/2015	Date of Injury:	03/25/2014
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female sustained an industrial injury to the right knee on 3/25/14. Previous treatment included magnetic resonance imaging, right knee surgery (9/9/14), postoperative physical therapy and medications. The injured worker did not improve enough to return to regular duty despite aggressive postoperative physical therapy. In a PR-2 dated 4/23/15, the injured worker reported that she was doing very well. The injured worker was seeking employment but was unsure what type of work she could do. The injured worker not currently working. The injured worker reported some ongoing discomfort when going up or down stairs. Physical exam was remarkable for right knee with some tenderness to palpation over the superolateral facet and positive patellar grind test with crepitus. Current diagnoses included status post posterior horn meniscectomy, chondroplasty, and outer bridge II and III changes with patellofemoral osteoarthritis. The treatment plan included follow-up on an "as needed" basis" and a functional capacity evaluation. No medications were required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (right knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations, pages 132-139.

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, pages 137 and 138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The Functional capacity evaluation (right knee) is not medically necessary and appropriate.