

Case Number:	CM15-0140020		
Date Assigned:	07/29/2015	Date of Injury:	08/29/2014
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 55 year old male sustained an industrial injury to the left knee on 8-29-14. Previous treatment included left knee arthroscopy (6-17-05), injections, bracing and medications. In an orthopedic evaluation dated 6-11/15, the injured worker complained of ongoing left knee pain rated 7 to 8 out of 10 on the visual analog scale. The physician noted that the injured worker's left knee osteoarthritis had been refractory to any conservative measures. The injured worker had elected to proceed with a partial knee replacement in October 2015. Physical exam was remarkable for left knee with varus alignment, medial joint line tenderness to palpation and intact varus and valgus testing and anterior posterior drawer testing. Current diagnoses included end stage left knee osteoarthritis. The physician stated that the injured worker's prior arthroscopy showed bone on bone osteoarthritis of the medial compartment of the left knee. The injured worker would be unable to return to his former occupation because he would be precluded from heavy lifting, running, jumping, pivoting and twisting activities of the left knee. The physician recommended a functional capacity evaluation for the left leg and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Left Leg/Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-37.

Decision rationale: Utilization review found that FCE was not substantiated as there is no evidence that the patient has attempted return to work under modified conditions, etc. Additionally, no specific job description or position information regarding employment is provided to substantiate the need for functional capacity evaluation. Per the MTUS guidelines, a functional capacity evaluation is most useful when there is a specific job description or position that is identified and the case warrants further analysis regarding work capacity. Functional capacity evaluation is useful to translate medical impairment into functional limitations in the determination of work capability. With no supporting documents to indicate details that warrant such an evaluation, the request for FCE is not medically necessary at this time.