

Case Number:	CM15-0140217		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2014
Decision Date:	09/02/2015	UR Denial Date:	07/11/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 47 year old female, who sustained an industrial injury on 4-07-2014. Diagnoses include internal derangement left knee with patellar chondromalacia, medial meniscus tear and degenerative joint disease, and status post left knee arthroscopy with arthroscopic medial meniscectomy and chondroplasty on 1-07-2015. Treatment to date has included surgical intervention of the left knee, as well as conservative treatment consisting of medications, home exercise and physical therapy. Per the Primary Treating Orthopedic Physician's Progress Report dated 6-22-2015, the injured worker reported that she has not noticed any improvement with continued self-treatment and has not been able to increase her weight bearing activities. Physical examination of the left knee on 7/20/15 revealed well-healed non-tender arthroscopic incisions without signs of infection. There was mild pain with McMurray maneuver and mild patellofemoral irritability with satisfactory patella excursion and tracking. There was grade 4/5 quadriceps/hamstring strength. Range of motion was 0-120 degrees. The plan of care included, and authorization was requested for one functional capacity evaluation. The patient has had X- ray of the left knee that revealed mild degenerative changes. The medication list include Tramadol and Ambien.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

Decision rationale: Request 1 Functional capacity evaluation. MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below "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 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." Criteria listed in the guidelines that would require a FCE were not specified in the records provided. 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. The guidelines state, "Do not proceed with an FCE if "The sole purpose is to determine a worker's effort or compliance." He was certified for 10 PT visits for this injury. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Response to conservative therapy including PT was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Functional capacity evaluation is not fully established for this patient.