

Case Number:	CM15-0149010		
Date Assigned:	08/12/2015	Date of Injury:	04/11/2010
Decision Date:	09/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 66 year old female who sustained an industrial injury on 4-11-10. Per utilization review there were injuries to the left shoulder, knee and heel. She currently complains of intermediate moderate left knee pain with swelling, popping and a sensation of giving way. On physical exam of the lumbar spine there were weak core muscles, weak extensors with positive hamstring Tightness Test, decreased range of motion; left knee revealed diffuse tenderness to palpation, guarding, positive medial collateral ligament laxity test, decreased range of motion. Diagnosis was left knee strain. In the 3-4-15 note the treating provider requested an MRI of the left knee to assess the root of the injured workers complaints; acupuncture twice per week for four weeks. The results of the MRI and acupuncture were not available for review. On 7-6-15 utilization review evaluated a request for functional capacity evaluation for the left 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 left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 137-138.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation left knee is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnosis is left knee strain. The date of injury is April 11, 2010. The request for authorization is June 29, 2015. The medical record contains 17 pages. There is a single progress note in the medical record dated March 4, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization (June 29, 2015). According to the March 4, 2015 progress note, the injured worker's subjective complaints are neck pain and left knee pain. The injured worker completed to add a physical therapy sessions. The utilization review indicated the injured worker should first complete the authorized physical therapy sessions (reviewing a June 24, 2015 progress note) prior to considering the need for further diagnostic testing or treatment. There is no documentation in the medical record meeting the guideline criteria for a functional capacity evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no contemporaneous clinical documentation with criteria for a functional capacity evaluation, functional capacity evaluation left knee is not medically necessary.