

Case Number:	CM15-0164348		
Date Assigned:	09/01/2015	Date of Injury:	08/12/2014
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 46 year old male, who sustained an industrial injury on 8-12-14. He reported pain in his right leg and ankle after being assaulted by a patient. The injured worker was diagnosed as having status post open reduction internal fixation of a right tibial plateau fracture and right distal fibular fracture. Treatment to date has included physical therapy x 33 sessions with no relief, a home exercise program and Relafen. In 11-2014 the injured worker had a repeat x-ray of the right leg showing the fracture was not fully healed. On 1-9-15 an x-ray of the right leg was taken again indicating that the fracture was fully healed, but the bone was very weak. As of the PR2 dated 5-15-15, the injured worker reports pain in his right knee and right leg stiffness. Objective findings include a healed right knee surgical scar, an antalgic gait on the right and decreased right knee range of motion with full extension to 120 degrees of flexion. The treating physician requested a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 64.

Decision rationale: The claimant sustained a work injury in August 2000 and underwent ORIF of a right tibial plateau and distal fibular fracture. He had extensive postoperative physical therapy and, as of 05/05/15 had completed 45 treatment sessions including aquatic therapy. When seen, he had right knee pain with stiffness and lower extremity weakness. Physical examination findings included decreased range of motion and an antalgic gait. Additional physical therapy was recommended but was not certified given the number of treatments already provided. The claimant was already performing a home exercise program. He returned to modified work in July 2015. Being requested is a functional capacity evaluation. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned and he has not returned to unrestricted work. Obtaining a Functional Capacity Evaluation to determine the need for ongoing work restrictions is medically necessary.