

Case Number:	CM15-0167077		
Date Assigned:	09/04/2015	Date of Injury:	09/21/2010
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii
 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:

The injured worker is a 68-year-old female who sustained an industrial injury on 9-21-10. She had complaints of right knee, neck, back, and shoulder pain. Treatments include: medication, physical therapy and surgery. Progress report dated 7-15-15 continued complaints of right knee pain. Right knee arthroscopy was done on 10-22-14. She also has complaints off neck issues. The right knee aches with prolonged sitting with trouble getting in and out of chairs and pain with stairs and slopes. Diagnoses include: right knee arthritis and cervical spondylosis. Plan of care includes: repeat MRI of the cervical spine and may need functional capacity assessment and formal rating. Work status: return to full duty - continue the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 137.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Functional capacity evaluation (FCE). The treating physician report dated 7/15/15 (137B) states, "May need a Functional Capacity assessment and formal rating" as her case is too complicated for me to rate this patient." ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, there is no evidence that the claims administrator or employer has requested this examination or that the patient desires to return to work and the employer or treating physician is concerned about her ability to do so. FCE's cannot predict a patient's actual capacity in the work place. The current request is not medically necessary.