

Case Number:	CM15-0167902		
Date Assigned:	09/09/2015	Date of Injury:	06/27/2013
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 58-year-old male, who sustained an industrial injury on 6-27-13. Medical record indicated the injured worker is undergoing treatment for left knee patella tendinitis ad derangement of medial meniscus. Treatment to date has included oral medications including Norco 10-325mg, physical therapy, home exercise program, left knee arthroscopy and meniscectomy and activity modifications. On 6-11-15 and 7-22-15, the injured worker complains of continued left knee pain. He is currently not working. Physical exam performed on 6-11-15 revealed tenderness to palpation along the anterior patellar tendon and on 7-22-15 revealed no tenderness, erythema or crepitations of left knee. A request for authorization was submitted on 7-24-15 for a work capacity evaluation. Utilization review performed on 7-28-15 non-certified a request for a work capacity evaluation noting guidelines recommend evaluations to translate medical impairment into functional limitations and determine work capability and in this case the submitted documentation does not reflect the claimant has failed attempts to return to work and it is not apparent the claimant is approaching maximus medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work capacity evaluation qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The Work capacity evaluation qty: 1.00 is not medically necessary and appropriate.