

Case Number:	CM15-0196375		
Date Assigned:	10/12/2015	Date of Injury:	02/11/2014
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 59 year old female who sustained an industrial injury on 02-11-2014. A review of the medical records indicated that the injured worker is undergoing treatment for left knee articular displacement and sclerosis of the lateral tibial plateau, lumbar sprain and strain and rule out anxiety and depression. The injured worker is status post open reduction internal fixation of the left tibial plateau fracture on 02-12-2014 and arthroscopic lateral and partial medial meniscectomy, synovectomy, chondroplasty and removal of hardware on 05-19- 2015. According to the treating physician's progress report on 09-03-2015, the injured worker continues to experience lower back pain and numbness around the left knee and calf associated with weakness in the left lower extremity, giving way, swelling and painful clicking. The objective findings documented a left antalgic gait with visible atrophy of the left extensor muscles at the proximal insertion site. The left leg was noted to be slightly longer. Examination demonstrated tenderness along the medial and lateral joint line of the left knee with decreased sensation at the lateral left tibial scar, patellofemoral pain and crepitation in the bilateral knees on range of motion. Supine Lasegue's was positive bilaterally. McMurray's, anterior drawer and patellar grinding tests were positive on the left knee. A 2cm vertical scar below the left hip trochanteric area was noted with tenderness to palpation long the bilateral sacroiliac (SI) joints. Left knee and lumbar spine X-rays performed on 09-03-2015 with official reports were included in the review. Prior treatments have included diagnostic testing, surgery, physical therapy, knee immobilizer, wheeled walker and medications. Current medication was listed as Norco 10mg-325mg. Treatment plan consists of acupuncture therapy for the left knee and lumbar spine, Computed Tomography (CT) of the left knee, physical therapy for the lumbar spine and the current request for Functional Capacity Evaluation (FCE). On 09-25-2015 the Utilization Review determined the request for Functional Capacity Evaluation (FCE) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 132-139.

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

Decision rationale: The patient presents with low back and left knee/calf pain. The current request is for Functional Capacity Evaluation. The treating physician's report dated 09/03/2015 (32B-37B) states, "Baseline Functional Capacity Evaluation: It is very important for the PTP or QME/AME to recognize that the assessment of the ADLs start at the beginning of the treatment plan with ACOEM, regularly assess ADLs throughout treatment, as opposed to having the ADLs assessed for the first time at the MMI." There is no other discussion regarding the request in question. The patient is status post left knee arthroscopy and meniscectomy from 05/19/2015 (6B). The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The current request is not medically necessary.