MAXIMUS Federal Services

Case Number:	CM15-0208527		
Date Assigned:	10/27/2015	Date of Injury:	08/13/2010
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 8-13-10. She reported right knee pain. The injured worker was diagnosed as having status post right knee total replacement, chronic lumbosacral sprain and strain, L5-S1 disc protrusion with annular fissure, multilevel lumbar facet arthrosis, multilevel lumbar degenerative disc disease, left knee internal derangement, left knee joint effusion, left patellofemoral syndrome, and rheumatoid arthritis. Treatment to date has included 12 physical therapy sessions, a home exercise program, use of a cane, and medication including Ibuprofen. On 9-9-15 the treating physician noted "she is now not having much difficulty with climbing or descending stairs. She is now able to walk up to 90 minutes." Physical exam findings on 9-9-15 included 3 of 5 quadriceps strength and hypoesthesia over the right anterolateral knee region. Tenderness was noted over the right gluteal muscles and pain was noted in the lumbosacral region. Squat test and Kemp's test were positive. Drawer test, Lachman test, and McMurray's tests were negative. Swelling was noted over the left knee with pain over the medial joint line. Patellofemoral compression was positive on the left with crepitus and pain. On 9-9-15 the treating physician noted "she is currently able to perform almost all (93%) of the activities of daily living involving self-care. She is also able to perform some (45%) of the daily activities involving cooking and light house." On 9-9-15, the injured worker complained of bilateral knee pain and low back pain rated as 5 of 10. The treating physician requested authorization for a retrospective functional capacity evaluation for the right knee on the date of service 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for functional capacity evaluation (FCE) for right knee DOS 9/9/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if; 1) Case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if; 1) The sole purpose is to determine a worker's effort or compliance. 2) The worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker is not close to or at maximal medical improvement as she is currently participating in physical therapy. The request for retrospective request for functional capacity evaluation (FCE) for right knee DOS 9/9/15 is not medically necessary.