

Case Number:	CM15-0023533		
Date Assigned:	02/13/2015	Date of Injury:	03/07/2012
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 51 year old male sustained an industrial injury on 3/7/12, via repetitive trauma to bilateral knees. Treatment included medications, physical therapy, knee brace, cane, biofeedback, right knee meniscectomy and debridement (11/27/12), left knee meniscectomy and debridement (1/29/13 and 2/2013). In a psychiatric consultation dated 1/9/15, the injured worker complained of anxiety, tension, irritability, quick temper and depression. Current diagnosis was adjustment disorder with mixed anxiety and depressed mood. In a PR-2 dated 1/9/15, the injured worker complained of bilateral knee pain that increased with weather changes and activities. The physician noted no functional changes since the last visit. Current diagnoses included bilateral knee arthroscopy and bilateral knee osteoarthritis. Work status was modified duty limiting kneeling and stooping to the injured worker's comfort level. A request for authorization for a functional capacity evaluation was submitted on 1/13/15. On 2/2/15, Utilization Review noncertified a request for Final Functional Capacity Evaluation, Per 01/13/2015 Form citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation, Per 01/13/2015 Form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 page 137-8.

Decision rationale: Pursuant to the ACOEM practice guidelines, final functional capacity evaluation per January 13, 2015 form is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. In this case, the injured worker's working diagnoses are status post right knee arthroscopy, OA; and left knee arthroscopy OA. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. The worker returned to modified duties on January 9, 2015 with limited stooping, bending, kneeling and squatting to promote comfort. Although the patient may be at maximum medical improvement, there is no clinical rationale for performing a functional capacity evaluation at this time. A specific set of job duties is not documented in the medical record. There is no disagreement regarding the patient's physical abilities in the medical record. Additionally, there is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. Consequently, absent clinical documentation supporting specific job related duties while translating medical impairment into functional limitations, the final functional capacity evaluation per January 13, 2015 form is not medically necessary.