

Case Number:	CM15-0031270		
Date Assigned:	02/24/2015	Date of Injury:	09/17/2013
Decision Date:	04/02/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 39-year-old female, with a reported date of injury of 09/17/2013. The diagnoses include left knee residuals after prior arthroscopic surgery, right knee chondromalacia patella, right knee synovitis and effusion, and left knee grade 2 signal lateral meniscuses. Treatments have included an MRI of the right knee on 06/05/2014, an MRI of the left knee on 08/19/2014, an Arthrogram of the left knee on 08/19/2014, home exercise bike. The progress report dated 01/28/2015 indicates that the injured worker had severe bilateral knee pain, with no change in the condition. The injured worker completed over 24 sessions of physical therapy without significant benefit. The objective findings showed mild swelling in both knees, range of motion 0 degrees to 40 degrees, and pain at the end range of flexion. On 02/10/2015, Utilization Review (UR) denied the request for one functional capacity evaluation, noting that it did not appear that the injured worker was going to be assessed for a particular job, or that the injured worker's case was delayed by complex issues. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138ODG Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.