

Case Number:	CM15-0046917		
Date Assigned:	03/19/2015	Date of Injury:	02/25/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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:

This 47 year old man sustained an industrial injury on 2/25/2013. The mechanism of injury is not detailed. Diagnoses include sprain and strain of cruciate ligament of knee, derangement of lateral meniscus, and joint derangement of the shoulder region with impingement. Treatment has included oral medications. Physician notes dated 2/20/20-13 show complaints of right shoulder pain. The physician notes that the right shoulder pain and function has plateaued. There are also complaints of the right knee buckling; however, the worker has not had any recent falls. Recommendations include right anterior cruciate ligament brace, functional capacity evaluation, and follow up in six weeks.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The 47 year old patient presents with pain in right shoulder and right knee, as per progress report dated 02/20/15. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA for the case is dated 02/20/15, and the patient's date of injury is 02/25/13. Diagnoses, as per progress report dated 02/20/15, included sprain and strain of cruciate ligament of knee, derangement of lateral meniscus, shoulder impingement. The patient has history of quadriceps tendon repair, as per progress report dated 01/30/15. The patient is temporarily disabled, as per progress report dated 02/20/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the request for functional capacity evaluation is noted in progress report dated 02/20/15. The treating physician requests for FCE as the patient is approaching perm and stationary. However, the progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by the ACOEM. Hence, the request IS NOT medically necessary.