

Case Number:	CM15-0056037		
Date Assigned:	04/01/2015	Date of Injury:	03/08/2003
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 60 year old female, who sustained a work/ industrial injury on 3/8/03. She has reported initial symptoms of cervical spine, left shoulder and right knee pain. The injured worker was diagnosed as having cervical spine disc syndrome, bilateral shoulder rotator cuff syndrome, lumbar spine herniated nucleus pulposus, left knee medial meniscal tear secondary to osteoarthritis, severe bilateral knee end stage osteoarthritis. Treatments to date included medication, surgery (left knee replacement 11/15/13), injections, and physical therapy. Magnetic Resonance Imaging (MRI) was performed on 6/20/09. Currently, the injured worker complains of knee pain. The treating physician's report (PR-2) from 1/19/15 indicated left knee flexion of 120 degrees, and crepitus of that knee. Pain was rated 4/10 at best and 8/10 at worst. Treatment plan included 1 functional capacity evaluation.

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 Guidelines (ODG), Fitness for Duty, Functional capacity evaluation.

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

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation 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. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are osteoarthritis lower limb; lumbalgia; and lumbar spondylosis with myelopathy. A progress note dated January 19, 2015, states the injured worker has pain ion the right anterior knee pain. Pain is 4/10 approximately 100% of the time. Objectively, left knee flexion is 120 with crepitus. There were no other physical findings in the medical record other than vital signs. The treatment plan includes recommending a knee arthroscopy, meniscus surgery, chondroplasty, and synovial to treatment. Risks and benefits were discussed and the patient has elected to proceed. A functional capacity evaluation is premature based on anticipated knee surgery outlined above. There are no attempted return to work evaluations in the medical record. There is little absent 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. Consequently, absent clinical documentation with return to work attempts with continued pain and anticipated knee surgery (outlined above) a functional capacity evaluation is not medically necessary.