

Case Number:	CM15-0059758		
Date Assigned:	04/06/2015	Date of Injury:	05/02/2013
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

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 male, who sustained an industrial injury on May 2, 2013. He reported a twisting injury to his left knee. The injured worker was diagnosed as having sprain of the cruciate ligament of the knee and pain in the joint involving the lower leg. Treatment included physical therapy, heat/ice, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of throbbing pain in the left knee. The Primary Treating Physician's report dated February 16, 2015, noted the injured worker reported changes in progress since the previous visit, with the left knee pain at a 9 on a scale of 1-10, with 10 being the worse. Examination was noted to show the injured worker with mid tenderness and a limping ambulation to the left knee. X-rays taken of the left knee and left tibia were noted to show no increase of the osteoarthritis. The treatment plan was noted to include a continued request for authorization for a Functional Capacity Evaluation (FCE).

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 ACOEM Page(s): 138, Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 1 Prevention Page(s): 12 and 81 respectively. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on May 2, 2013. The medical records provided indicate the diagnosis of sprain of the cruciate ligament of the knee and pain in the joint involving the lower leg. Treatment to date has included physical therapy, MRI, x-rays, heat/ice, lumbar epidural steroid injection (ESI), and medication. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. Whereas it is the physician's duty to provide medical restrictions(what the patient should not be allowed to do, or what the employer should do, to keep the patient safe), the MTUS states that limitations are not really medical decisions. The MTUS defines limitations as what the patient cannot or is unable to do; and represent the difference between the patient's current physical stamina, agility, strength, and cognitive ability and potential job requirements. This means that restriction is external to the patient (it is the physician that imposes it); while limitations is internal (it is the patient's effort). Also, this means that functional capacity evaluation requires observing what a patient is able to do and comparing it to what the employer needs to be done. It is mostly done if there is a problem in returning an injured worker to work and the employer wants the physician to guide them in determining what the patient is able to do. The Official Disability Guidelines recommends that the evaluation be targeted to the worker's job, since it is the workers effort that is going to be compared to what is expected. Also, the MTUS states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. There is no indication from the records request job specific and therefore the requested treatment is not medically necessary.