

Case Number:	CM13-0036314		
Date Assigned:	12/13/2013	Date of Injury:	06/19/2009
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who reported an injury on June 19, 2009. The patient is diagnosed as status post right knee arthroscopy, low back pain; status post left knee arthroscopy, and chronic thoracic spine sprain. The patient was seen by [REDACTED] on August 05, 2013. Physical examination revealed no acute distress, difficulty standing and sitting, and an antalgic gait. Treatment recommendations included continuation of current medication, a right knee brace, and a Functional Capacity Evaluation.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE Section and the ACOEM guidelines Chapter 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examinations and video

tapes when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation should be considered when there are prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. As per the clinical notes submitted, the patient's latest physical examination only revealed an antalgic gait, and difficulty sitting and standing. Documentation of a significant musculoskeletal or neurological deficit was not provided. There is no evidence of an injury that requires detailed exploration of the patient's abilities. There is also no evidence of previous unsuccessful return to work attempts. There is no indication that this patient is close to or at maximum medical improvement. The medical necessity for the Functional Capacity Evaluation has not been established. Therefore, the request is not medically necessary or appropriate.