MAXIMUS Federal Services

Case Number:	CM13-0036526		
Date Assigned:	12/13/2013	Date of Injury:	06/18/2011
Decision Date:	02/14/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 inTexas and Oklahoma. 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 if 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 39-year-old male who reported an injury on 06/18/2011. The patient is currently diagnosed with knee tendinitis and bursitis, and foot sprain and strain. The patient was seen by [redacted] on 09/05/2013. Physical examination revealed well-healed incisions at the site of the surgical intervention, subtle crepitus noted with flexion and extension, and medial joint line tenderness. Treatment recommendations included a request for authorization for 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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Page(s): 48.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examinations and videotapes for re-assessing function and functional recovery. The Official Disability Guidelines

state a Functional Capacity Evaluation should be considered if case management is hampered by complex issues such as 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. One should not proceed with a Functional Capacity Evaluation if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. As per the clinical notes submitted, there is no supportive documentation for the requested Functional Capacity Evaluation. The patient's latest physical examination only revealed subtle crepitus with flexion and extension as well as medial and lateral joint line tenderness. The patient remains on work restrictions. Due to the lack of objective clinical documentation, the medical necessity for the requested service has not been established. As such, the request for Functional capacity evaluation is non-certified.