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| Case Number: | CM14-0130894 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 10/03/2013 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/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 injured worker is a 45 year old male who was injured on 10/03/13 when he fell. The injured worker was found to have a torn cartilage of the right knee and underwent multiple right knee surgeries. The injured worker underwent a medial unicompartmental arthroplasty on 02/11/14. Records indicate postsurgical treatment has included physical therapy. Clinical note dated 03/13/14 notes the injured worker had a periprosthetic infection postoperatively and underwent a synovectomy and irrigation and debridement. This note states the injured worker is healing well and has range of motion (ROM) of 5 to 100. Most recent clinical note submitted is dated 04/25/14 and notes the injured worker continues to take antibiotics and demonstrates improved ROM. ROM is from 0 to 120. The injured worker is temporarily totally disabled. A request for a qualified functional capacity evaluation is submitted on 07/16/14 and is subsequently denied by Utilization Review dated 07/23/14 which states the records do not indicate the injured worker is a candidate for work hardening or is close to MMI.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One qualified 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, Fitness for Duty, Functional capacity evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Work Conditioning, work hardening section

Decision rationale: The request for a Functional Capacity Evaluation is not recommended as medically necessary. Current evidence-based guidelines state a functional capacity evaluation is used, in part, to determine an individual's candidacy for a work hardening program. An individual should be at MMI prior to a functional capacity evaluation. The records submitted for review do not indicate the injured worker has reached MMI or is a candidate for a work hardening program. The most recent clinical note submitted is dated 04/25/14, which is two months post arthroplasty of the right knee. Based on the clinical information provided, medical necessity of a functional capacity evaluation is not established.