

Case Number:	CM14-0146450		
Date Assigned:	09/12/2014	Date of Injury:	05/06/2013
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 30-year-old male who reported a work related injury on 05/06/2013 due to twisting his knee. The injured worker's diagnoses consist of knee pain. The injured worker's past treatment has included physical therapy, medications, and status post arthroscopy surgery dated 01/30/2014. An MRI dated 07/10/2013 revealed a subtle area of chondromalacia or contusion at the anterior horn of the lateral meniscus, high grade strain or partial tear of the anterior cruciate ligament, and small right knee joint effusion. The injured worker's surgical history includes a right knee arthroscopy surgery on 01/30/2014. Upon examination on 08/15/2014, the injured worker rated his pain at a 2/10 to 3/10 on a VAS pain scale. The injured worker stated he had right knee pain and attended the gym to strengthen his knee. Upon physical evaluation, it was noted that his right knee had tenderness to palpation and he had limited range of motion. The injured worker's treatment plan was topical medication, TENS patches, and to continue with home exercise program, TENS treatment, and a recommendation for a functional capacity evaluation. The rationale for the request is knee pain. The Request for Authorization form was provided. However, the date was unspecified.

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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s):) 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for a Functional capacity evaluation is not medically necessary. The California MTUS/ACOEM Guidelines note that functional capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. In addition, the Official Disability Guidelines indicate that a functional capacity evaluation is recommended prior to admission to a work hardening program. The functional capacity evaluation is considered when there is a prior unsuccessful return to work attempt, conflicting medical reports on precautions and/or fitness for a modified job, and injuries that require detailed exploration of a worker's ability. The guidelines recommend to not proceed with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance. In regards to the injured worker, the medical documentation submitted did not address any return to work attempts or unsuccessful return to work attempts. Additionally, there is no evidence of any potential job for the injured worker. There is also no indication the injured worker planned to participate in a work hardening program. As such, the request for a functional capacity evaluation is not medically necessary.