MAXIMUS Federal Services

Case Number:	CM14-0139992		
Date Assigned:	09/08/2014	Date of Injury:	05/29/2014
Decision Date:	05/01/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female, with a reported date of injury of 05/29/2014. The diagnoses include bilateral knee pain, right ankle sprain/strain, bilateral knee sprain/strain, and right heel/ankle pain. Treatments to date included an ultrasound of the bilateral ankles, an x-ray of the right ankle, an x-ray of the left knee, an x-ray of the right knee, an MRI of the left knee, an MRI of the right knee, topical pain medications, and oral medications. The Doctor's First Report dated 06/20/2014 indicates that the injured worker complained of pain in her knees and right ankle/heel. The objective findings include tenderness to palpation over the medial knee, full range of motion with pain in the bilateral knees, tenderness to palpation over the right heel, and full range of motion of the bilateral heels/ankles. The treating physician requested functional capacity evaluation for the knee and ankle to determine if the injured worker was able to return to her usual and customary occupation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, Knee, Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity Evaluation, Knee, Ankle is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues. It is unclear why the patient needs a formal FCE rather than an extrapolation of patient's job functions and physical exam findings. The request for a functional capacity evaluation QTY #1 is not medically.