

Case Number:	CM15-0012015		
Date Assigned:	01/29/2015	Date of Injury:	01/14/2009
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on 1/14/09 involving injury to his right knee. He is status post- surgery of the right knee (2009, 2013 and 2014) with residual pain rated as 6-8/10. Medications include deprizine, dicopanol, fanatrex, synapryn, tabradol, cyclobenzaprine, Keoprogen cream. Medications offer temporary relief. Diagnoses are right knee pain; right knee sprain/ strain; status post right knee arthroscopy; rule out right knee internal derangement. Treatments to date include X-Rays of the right knee, MRI, physical therapy, medications and surgery. A progress note on 8/19/14 indicated the claimant had 7/10 pain. Medications only provided temporary relief. There was tenderness in the right knee with reduced range of motion. Posterior drawer and Apley's test were positive. On 9/23/14, the claimant underwent a functional capacity evaluation. The physician requested an FRP to improved functionality with 3 sets of treatment and return to modified work. On 1/6/15 Utilization Review non-certified the request for Functional Capacity Evaluation citing ACOEM: Chapter 7: Independent Medical Examinations and Consultations and ODG: Fitness for Duty.

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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, Page 132-139 Official Disability Guidelines- Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175,Chronic Pain Treatment Guidelines Functional Capacity Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case description of work duties that require specific evaluation. No documentation on work hardening is provided. Examination of the knee already demonstrated the claimant's limitations. Based on the information provided, a functional capacity evaluation is not medically necessary.