MAXIMUS Federal Services

Case Number:	CM15-0015074		
Date Assigned:	02/03/2015	Date of Injury:	07/08/2014
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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: California
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on July 8, 2014. The diagnoses have included degenerative joint disease left knee, left knee status post Open Reduction and Internal Fixation tibial plateau fracture and head injury. Treatment to date has included Open Reduction and Internal Fixation tibial plateau fracture, anti-inflammatory medication and proton pump inhibitory type medication. Currently, the injured worker complains of left knee pain which is documented as much better. In a progress note dated December 15, 2014, the treating provider reports examination of left knee reveals mild swelling over the knee, positive Varus valgus laxity, mild valgus instability from the fracture itself compared to right knee, approximately five degrees and decreased range of motion.On January 6, 2015 Utilization Review non-certified a functional capacity assessment, noting, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity assessment: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Medical records document a history of left knee injury. A functional capacity assessment was requested. MTUS and ACOEM guidelines do not support the medical necessity of functional capacity evaluations (FCE). Therefore, the request for functional capacity assessment is not medically necessary.