

Case Number:	CM15-0079623		
Date Assigned:	04/30/2015	Date of Injury:	09/18/2014
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/25/2015

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: Emergency 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:

This 56 year old woman sustained an industrial injury on 9/18/2014. The mechanism of injury is not detailed. Diagnoses include left knee meniscus tear with chondromalacia. Treatment has included oral medications and home exercise program. Physician notes on a PR-2 dated 3/2/20125 show complaints of left knee pain with weakness and giving out. Recommendations include continue home exercise program, functional capacity evaluation, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE), as an outpatient for symptoms related to Bilateral Knees Injuries: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 137-138.

Decision rationale: The requested Functional Capacity Evaluation (FCE), as an outpatient for symptoms related to Bilateral Knees Injuries, is not medically necessary. The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138, noted: "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has left knee pain with weakness and giving out. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Capacity Evaluation (FCE), as an outpatient for symptoms related to Bilateral Knees Injuries is not medically necessary.