MAXIMUS Federal Services

Case Number:	CM15-0090301		
Date Assigned:	05/14/2015	Date of Injury:	06/04/2013
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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: Physical Medicine & Rehabilitation

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 22 year old male who sustained an industrial injury on 06/04/2013. Current diagnoses include status post dislocated left patella and diminished girth right thigh. Previous treatments included medication management, knee injections, acupuncture, and physical therapy. Previous diagnostic studies include urine toxicology screenings. Report dated 02/10/2015 noted that the injured worker presented for follow up requesting to return to work and is doing okay. Pain level was not included. Physical examination remains unchanged from prior evaluation. The treatment plan included returning to the clinic for a permanent and stationary evaluation and prior to his permanent and stationary evaluation he will require a functional capacity evaluation. Disputed treatments include functional capacity evaluation.

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: Decision based on MTUS Chronic Pain Treatment Guidelines FCEs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139, EVALUATION.

Decision rationale: The 22 year old patient is status post left patellar dislocation and diminished right thigh girth, as per progress report dated 02/23/15. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA for the case is dated 02/10/15, and the patient's date of injury is 06/04/13. The patient has been diagnosed with left knee patellofemoral crepitus and chondromalacia, as per progress report dated 02/05/15. The patient has been allowed to return to work without restrictions, as per progress report dated 02/23/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The request for functional capacity evaluation is noted in progress report dated 02/23/15. The treater states that the patient will require the evaluation "prior to his permanent and stationary evaluation." The progress reports do not include a request from the employer or claims administrator. The patient has been allowed to return to work without restrictions as per the same progress report. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. The request IS NOT medically necessary.