

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, hip, and low back pain reportedly associated with cumulative trauma at work first claimed on August 10, 2010.

Thus far, the applicant has been treated with the following: Analgesic medications; a knee brace; a TENS unit; topical compounds; unspecified amounts of physical therapy; MRI imaging of the injured knee, apparently notable for meniscal tear; left knee arthroscopy on April 11, 2013; and extensive periods of time off of work, on total temporary disability.

In a Utilization Review Report of July 29, 2013, the claims administrator denied a request for functional capacity evaluation, citing lack of supportive medical records.

The applicant's attorney subsequently appealed, on August 6, 2013.

An earlier note of June 11, 2013 is notable for comments that the applicant is improving. He is asked to pursue additional physical therapy, continue home exercise program, and obtain a TENS unit. A later note of July 16, 2013 is notable for comments that the applicant is improved, reports knee pain, is using ice, exhibits improve range of motion, an antalgic gait, clean incision line, and receives recommendations to pursue an functional capacity evaluation to objectively evaluate the applicant's restrictions. Somewhat incongruously, the applicant is asked to remain off of work, on total temporary disability.

IMR DECISION(S) AND RATIONALE(S)

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

1. 1 functional capacity evaluation is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), pgs 137-138, and Chronic Pain Medical Treatment Guidelines (2009), page 125, which are part of the MTUS.

The Physician Reviewer's decision rationale:

While the MTUS does not address all indications for an FCE, page 125 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that FCE can be considered as a precursor to a work hardening program. In this case, however, it does not appear that a work hardening program is being sought. It is further noted that the ACOEM Guidelines in chapter 7 state that FCEs are overly used, widely promoted, and not necessary an accurate reflection or characterization of what an applicant can or cannot do in the workplace. In this case, it appears that the employee continues to remain off of work, on temporary disability. The employee did not appear to have a job to return to, nor does it appear that there is intent to return to any form of work. Pursuing an FCE in this context is superfluous. **The request for 1 functional capacity evaluation is not medically necessary and appropriate.**

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