

Case Number:	CM14-0173579		
Date Assigned:	10/24/2014	Date of Injury:	11/15/2011
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Internal 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 38-year-old man with a date of injury of November 15, 2011 with a diagnosis of meniscus derangement. The documentation states the injury was caused by a cumulative trauma. The IW underwent arthroscopic right knee surgery May of 2013. The IW had left knee surgery in November of 2014. He has a history of non-industrial liver transplant in September of 2012. He states that he is doing well and having no complications. Pursuant to the progress note dated July 24, 2014, the IW had present complaints of bilateral pain, slight. He experienced wrist pain once or twice a week with forceful use. He experiences slight pain to his left elbow, associated with lifting his 37-pound daughter. The left knee hurts more than the right. There is no swelling in the wrist or knees. The knees do not pop or lock. Physical examination revealed slight tenderness over the medial epicondyle of the left elbow. Tinel's testing of the left elbow was negative. There was slight tenderness over the radial styloid in the right wrist and a slightly positive Finkelstein's test. Tinel's sign was negative over the volar wrists. Neurological examination of the upper extremities was intact. Gait was normal. Examination of the right knee revealed full extension and 135 degrees of flexion. There was no effusion. The right knee was stable. The anterior drawer sign was negative. There was no joint line tenderness. Examination of the left knee revealed full extension with 115 degrees of painful flexion. There was tenderness over the patella to displacement and compression. There was no effusion. There was slight medial and lateral joint line tenderness. The knee was fully stable. The anterior drawer sign was negative. Diagnoses include: Musculoligamentous strain/sprain of the bilateral wrists, Musculoligamentous strain/sprain of the left elbow, status-post right and left knee arthroscopy, and bilateral patellofemoral chondromalacia and pain. Treatment plan recommendations include request for x-rays of both knees. Medications were not discussed in the documentation. X-ray of

the left knee dated August 14, 2014 revealed a negative exam. X-ray of the right knee dated August 14, 2014 revealed a negative exam.

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 ACOEM Chapter 7 Independent Medical Examinations and Consultations, p.137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, pages 137-138

Decision rationale: Pursuant to the ACOEM practice guidelines, the functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results of functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case the injured worker is a 38-year-old man with a diagnosis of left meniscus arrangement. Physical examination is normal however the patient complains of persistent pain. There is no documentation of patient has reached maximal medical improvement. There is no documentation in the medical record to establish medical necessity for this diagnostic examination. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Consequently, the functional capacity evaluation is not necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, a Functional Capacity Evaluation is not medically necessary.