

<b>Case Number:</b>	CM13-0016856		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of March 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee arthroscopy in August 2011 with revision arthroscopy in November 2013; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 9, 2013, the claims administrator denied a request for functional capacity testing. The applicant's attorney subsequently appealed. A progress note of June 25, 2013 is notable for comments that the applicant reports severe, worsening knee pain. The applicant was placed off of work, on total temporary disability, with an operating diagnosis of knee internal derangement status post arthroscopic repair. Butrans patches were endorsed. On June 7, 2013, the applicant's secondary treating provider noted that the applicant had persistent knee and low back pain. Authorization was sought for a functional capacity evaluation to assess the applicant's return to the work environment.

### 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 OFFICIAL DISABILITY GUIDELINES -

TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER:  
FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING TOPIC, Page(s): 125. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES CHAPTER 7, 125/137-138

**Decision rationale:** While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that FCEs can be employed as a precursor to enrolment in a work hardening program, in this case, however, there is no evidence that the applicant is intent on enrolling in a work hardening or work conditioning program. It is unknown whether the applicant in fact has a job to return to and/or even intends to return to the workplace or workforce. The applicant remains off of work, on total temporary disability, over two years removed from the date of injury, suggesting that she may or may not have a job to return to and, furthermore, may not be intent on returning to the workplace and/or workforce. It is further noted that the Chapter 7 ACOEM Guidelines suggests that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace and/or workforce. In this case, the attending provider has not proffered any applicant-specific, rationale, narrative, or commentary which would offset the unfavorable MTUS and ACOEM recommendations. Therefore, the request is not certified.