

<b>Case Number:</b>	CM13-0018621		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Orthopedic Surgery and is licensed to practice in California, Connecticut and Pennsylvania. 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. 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 patient is a 62-year-old gentleman who was injured on 10/24/12. Recent assessments for review include a recent functional capacity examination performed on 09/16/13, which recommended continued work-hardening and endurance training for the claimant's industrial-related left knee disorder. It indicated that work restrictions were to preclude the claimant from walking on uneven terrains, ascending or descending stairs or ladders, climbing, stooping, pivoting, or kneeling. Following functional capacity examination, further records included a 09/18/13 appeal letter by the patient's treating physician indicating the functional capacity examination was necessary to further advance the claimant's work function and work restrictions; at the same time, he was also requesting a left knee arthroscopy for the claimant, which had previously been denied. Records do not give clinical imaging for the review, but the claimant is with a diagnosis of left knee tendinosis, for which, as stated, surgery is being recommended by treating physician.

### 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Fitness for Duty Chapter - Functional capacity evaluation (FCE).

**Decision rationale:** When looking at the specific clinical criteria for functional examinations from California MTUS/ACOEM and Official Disability Guidelines, the specific request in this case would not be indicated. Functional capacity examinations are recommended if there are conflicting indications for precautions or modified job duties with prior unsuccessful return-to-work attempts, with timing noted to be appropriate at "close to or at MMI". The purpose of functional capacity examinations is not solely to determine a worker's effort or compliance. Records in this case indicate that the treating physician is also recommending a surgical process for the left knee. This information would indicate the claimant is not yet at maximal medical improvement. The role of a functional capacity examination in this setting of incomplete rehabilitation of the knee, for which surgery is still being considered, would not be supported.