

<b>Case Number:</b>	CM13-0019947		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 physical medicine and rehabilitation, has a subspecialty in sports medicine and is licensed to practice in New York and Texas. 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.

### 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 60-year-old with a reported date of injury on 07/27/2011. The patient had +2 spasm and tenderness to the right anterior joint line, popliteal fossa, and vastus medialis, valgus test was positive on the right; varus test was positive on the right; McMurray's test was positive on the right; and the patient reported constant moderate pain described as pinching and popping in the right knee, and constant severe pain that was described as sharp in the right ankle and foot. The patient's bilateral feet and ankles showed muscular examinations within normal limits with +5/5 strength with dorsiflexion, plantar flexion, inversion, and eversion. The patient had diagnoses of after care for surgery of the musculoskeletal system (right knee), bursitis of the right knee, probable ligament tear, ankle instability, pain gait, and strained ankle. The physician's treatment plan included a request for a Functional Capacity Evaluation, a request for a podiatric consultation, and a request for 6 postoperative therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Cornerstones of Disability Prevention and Management chapter of the ACOEM Practice Guidelines, a functional capacity evaluation (FCE) may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA) prior to entering work conditioning/work hardening. ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination; and notes, under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The patient underwent an initial Qualified Functional Capacity Evaluation on 10/01/2013, which revealed the patient was listed to be in a sedentary strength category. Within the provided documentation, the requesting physician's rationale for a second Functional Capacity Evaluation was unclear. The request for one functional capacity evaluation is not medically necessary or appropriate.

**Six post-operative therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Post-Surgical Treatment Guidelines, 12 sessions of physical therapy over 12 weeks status post meniscectomy is recommended. The guidelines recommend patients should be assessed before continuing physical therapy. The guidelines also note when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The patient reported constant moderate pain that was described as pinching and popping and aggravated by walking, standing, and bending. The patient had 2+ spasm and tenderness to the right anterior joint line, popliteal fossa, and vastus medialis. Valgus test was positive on the right and varus test was positive on the right. The provider noted since the patient's last examination, functional improvement was shown by an increase in the range of motion for the right knee in external rotation from 10 degrees to 20 degrees, and right knee internal rotation from 10 degrees to 15 degrees. Per the provided documentation, it appeared the patient had attended 15 sessions of postoperative conservative therapy status post right knee partial meniscectomy and chondroplasty on 06/07/2013. The guidelines recommend 12 sessions of physical therapy over 12 weeks status post meniscectomy. The request for 6 additional sessions would further exceed the guideline recommendations. Additionally, the guideline recommendation of 12 weeks would be exceeded as well, and there were no exceptional factors noted within the provided documentation that would indicate the patient's need for further physical therapy at this time. The request for 6 post-operative therapy sessions is not medically necessary or appropriate.