

<b>Case Number:</b>	CM13-0022929		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	06/27/2008
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Physical Medicine and Rehabilitation 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 patient is an employee of [REDACTED] and has filed a claim for right knee pain associated with an industrial injury date of June 27, 2008. Treatment to date has included total right knee replacement and postop physical therapy. A utilization review from August 12, 2013 denied the requests for QFCE assessment due to the reported level of lower extremity impairment and the focus of care for the left knee, and functional restoration/work conditioning 3 times 3 for the right knee for the same reasons. Medical records from 2013 were reviewed showing the patient suffering from lower extremity and back pain which is aggravated by movement and activity; activities of daily living are affected. Physical exam demonstrated decreased range of motion for the right knee with pain. The patient had a total knee replacement for the right but still continues to have symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**QFCE ASSESSMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 137-138

**Decision rationale:** The MTUS/ACOEM Guidelines, state FCEs are deliberately simplified evaluations that are not an accurate representation of what a patient can or cannot do in the workplace. Functional capacity evaluations are highly effort dependent and merely reflect what a patient chooses to perform on a certain day. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the progress notes leading up to the utilization review did not clearly specify the patient's functional status; ranges of motion were reported. It is unclear whether the patient has returned to work or what his specific work demands would be. Therefore, the request for QFCE assessment is not medically necessary and appropriate.

**FUNCTIONAL RESTORATION/WORK CONDITIONING 3 TIMES 3 FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 125-126.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states work conditioning and work hardening are recommended as an option depending on the availability of quality programs and criteria would include documentation of a trial of physical or occupational therapy with improvement followed by a plateau with no likely benefit from continued physical therapy or occupational therapy being demonstrated. In this case, the patient has had physical therapy sessions and has reported improvement. However, it is unclear whether the patient has plateaued in this treatment regimen as there is no discussion or physical therapy progress notes highlighting such development. There is no evidence that the patient's current function would preclude return to work. Therefore, the request for functional restoration/work conditioning three times a week for three weeks for the right knee is not medically necessary and appropriate.