

<b>Case Number:</b>	CM13-0033465		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 64-year-old female injured in a work-related accident on 4/12/02. Recent clinical records for review documented that the claimant was status post a recent left total knee arthroplasty on 6/17/13. A 9/16/13 authorization request report indicated that the claimant was requested to undergo a Functional Capacity Examination including range of motion and muscle testing. Further documentation with regard to post-operative care was not noted at that time. Further post-operative clinical records were unavailable for review. There is no documentation of post-operative imaging reports. The records indicated that the claimant had been treated post-operatively with physical therapy and home health assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation, ROM, Muscle test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Guidelines for performing and FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: fitness for duty - Functional capacity evaluation (FCE)

**Decision rationale:** The CA MTUS ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, the request for a Functional Capacity Examination to include muscular and range of motion testing would not be indicated. ODG Guidelines only support the role of Functional Capacity Examination being performed if the claimant is close to or at maximal medical improvement. At the time of the request, the claimant was less than three months following the time of operative arthroplasty to the left knee. This would not place the claimant close to or at maximal medical improvement. The time frame from the surgical process with regard to the time frame for the request for a Functional Capacity Examination to include muscular and range of motion testing would not be supported