

<b>Case Number:</b>	CM13-0039145		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Internal Medicine and is licensed to practice in Florida. 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:

This patient is a 32 year-old male with date of injury 10/31/13. The patient's described mechanism of injury was not specifically noted. Relevant documents reviewed include primary treating physician's progress notes from 10/2/13 from [REDACTED]. Subjective complaints included persistent low back pain, increased pain and swelling of the right knee, s/p arthroscopic repair of the medial meniscus 6/4/13. Objective findings included antalgic gait, decreased range of motion of the right knee with healed surgical scars, right quadriceps muscle strength 4/5 and atrophy. Right knee effusion was also noted. In addition, persistent lumbar spine paravertebral tenderness was documented and the straight leg raise was positive on the right. Radiographs obtained of the right knee revealed osteoarthritis of the medial joint line. Diagnosis included s/p arthroscopic repair, medial meniscus tear, right knee, 6/4/13, lumbar spine disc bulges, per MRI, lumbar spine radiculopathy, per EMG/NCV studies, lumbar spine strain. Treatment plans have included knee arthroscopy as above, resumption of physical therapy, oral medications, and therapeutic creams for analgesia. As of 8/30/13, the patient had completed 18 Physical Therapy sessions. Treatment plans also include Functional Capacity Evaluation (FCE) which is under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Functional Capacity Evaluation between September 9, 2013 and November 4, 2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Work Conditioning) Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Fitness for Duty)

**Decision rationale:** Per review of the medical record, FCE was ordered to "obtain final work restrictions". Per review of the ODG, FCE can be considered if case management is hampered by complex issues, timing is appropriate. An FCE should not be performed if it is only to determine a worker's effort or compliance. There is no specific documented reason why a FCE is required for this patient. FCE is not medically necessary in this context.