

<b>Case Number:</b>	CM13-0045682		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/27/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice and is licensed to practice in Arizona. 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:

Patient is a 54 year old female with a date of injury on 10/27/2007. Diagnosis is of bilateral knee osteoarthritis. Subjective complaints are of bilateral knee pain. Physical exam shows tenderness around bilateral knees. X-ray exams show bilateral mild progression of osteoarthritis. Patient has had knee surgery in 2007 for the right knee and 2011 for the left knee. Records indicate that the patient throughout treatment course since 2007 has returned to work several times. Office notes indicate that the patient is approaching maximum medical improvement. Submitted documentation shows that patient had a functional capacity exam performed on 2/1/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EXAM.

**Decision rationale:** CA MTUS recommends considering a functional capacity evaluation (FCE) to translate medical impairment into functional limitations and determine work capability. The

importance of an assessment is to have a measure that can be used repeatedly over course of treatment to demonstrate improvement of function. ODG likewise recommends a functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work (RTW) process. The ODG recommends considering an FCE if case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job, or patient is close or at maximum medical improvement (MMI). For this patient, there is documentation that patient is near MMI and there is evidence that patient has had previous return to work attempts. Therefore, a functional capacity evaluation to determine functional limitations and work capability is medically necessary.