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| <b>Case Number:</b>   | CM13-0051100 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 04/28/2013 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 09/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2013 |

### 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 Nevada. 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 injured worker is a 65-year-old female who was reportedly injured on April 28, 2013. The mechanism of injury was stated to be a fall. The most recent progress note, dated September 6, 2013, indicated that there were ongoing complaints of bilateral knee pain. The physical examination demonstrated a genu valgum condition. An examination of the knees noted crepitus as well as medial and lateral joint line tenderness. There was also a positive McMurray's test of the right knee. There were diagnoses of bilateral knee degenerative joint disease and bilateral knee tendinopathy. There was a request for an MRI and a referral to orthopedics as well as a request for acupuncture, chiropractic care, a urine drug screening, ortho shockwave treatments, a referral to pain management, compounded topical creams, and a functional capacity evaluation. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on September 23, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee and leg, Functional improvement measures, Updated June 5, 2014.

**Decision rationale:** According to the most recent medical record dated September 6, 2013, the injured employee was recommended to receive five other treatments and two referrals in addition to a functional capacity evaluation. While functional capacity evaluations are important to assess improvement over the course of treatment and justify further ongoing treatment methods, it is unclear of the value of such an assessment in the middle of other multiple treatments and referrals. For this reason, this request for functional capacity evaluation is not medically necessary at this time.