

<b>Case Number:</b>	CM13-0054454		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/08/2001
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 68 year old female who sustained an injury to her left knee on 02/08/01 when she fell on a wet floor and hit her head, she strained her left knee. The records indicate that a clinical note dated 10/31/13 reported that the injured worker was 18 months status-post left total knee replacement and doing well. Physical examination of the left knee noted range of motion 0 to 160 degrees that is stable; quadriceps better with less atrophy; incision is well-healed. The injured worker was recommended to remain off work (retired). It was noted that the request for functional capacity evaluation would be resubmitted. The injured worker was advised to return to the clinic in approximately 6 weeks for follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The previous request was denied on the basis that there does not appear to be evidence that the injured worker is actively participating in determining the suitability of a particular job. The progress note dated 10/31/13 reported that the injured worker was to remain

off work until retired. The injured worker is status-post 13+ years date of injury and there was no indication that the injured worker has been employed in the past 2 years. There is no indication that the injured worker has a job to return to and the most recent clinical notes ordered from the doctor to remain off work. After reviewing the submitted documentation, there are no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for functional capacity evaluation of the left knee is not indicated as medically necessary.