

<b>Case Number:</b>	CM13-0055572		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 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 67 year-old female who sustained an injury to her left knee on 04/02/12 after a falling over a hoist at work. An MRI of the left knee without contrast dated 12/04/13 revealed displace torn medial meniscus with flap; minor interstitial tearing of the superior leaflet of the anterior horn of the lateral meniscus; high-grade cartilage wear medial and patellofemoral compartments; small, loculated Baker's cyst. A clinical note date reported that the patient has mild to moderate difficulties with activities of daily living, functional deficits on physical examination and a functional capacity evaluation was requested for baseline testing as a prerequisite for entrance into a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CON FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for CON functional capacity evaluation is not medically necessary. The clinical note dated 10/17/13 reported that the injured worker reported no difficulty sleeping and that she did not feel that her relationships with other people had been affected by her pain. It was reported that the patient has failed conservative treatment, but there were no physical therapy notes provided that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to previous conservative treatment. There was no indication that the injured worker is anticipating entrance into a work hardening program. Given the clinical documentation submitted for review, medical necessity of the request for CON functional capacity evaluation has not been established. Recommend non-certification.