

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0060840 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 09/08/2004 |
| <b>Decision Date:</b> | 04/16/2014   | <b>UR Denial Date:</b>       | 11/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2013 |

### 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 California. 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 patient is a 55-year-old male who reported an injury on 09/08/2004 after he fell out of the back of a trailer while making a delivery and reportedly caused injury to his left knee. The patient was diagnosed with a left tibial plateau fracture and underwent closed manipulation and application of an external fixator followed by fixator removal and open reduction and internal fixation. The patient ultimately developed chronic pain due to post-traumatic arthritis. The patient's chronic pain was managed with a knee brace and multiple medications. The patient participated in 30 sessions of a Functional Restoration Program at the end of which it was documented that the patient was not inclined to return to employment. The patient's most recent clinical documentation from 08/2013 noted the patient continued pain complaints that were managed with medications. Physical findings included low back pain, left knee pain, positive straight leg raise test causing left knee pain, and atrophy over the left calf. The patient's diagnoses included left bicondylar tibial plateau fracture, status post multiple surgeries including a left knee replacement, status post a second left knee joint replacement and subsequent removal of hardware secondary to infection, left peroneal neuropathy, mild low back pain, leg length discrepancy secondary to left knee injury, multilevel lumbar disc degeneration and spondylosis with a grade I spondylolisthesis at L5-S1, probable left-sided lumbar radiculopathy, and chronic opioid medication management. The request was made for a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 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 The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, Pages 77-89.

**Decision rationale:** The requested Functional Capacity Evaluation is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when it is determined that a more precise delineation of a patient's capabilities than what is available from a routine physical exam would assist in determining the patient's level of function and appropriate treatment planning. The clinical documentation submitted for review does not provide any evidence that the patient needs a more precise evaluation of his functional capabilities than what is available through the patient's regular physical evaluation. The clinical documentation submitted for review does not provide any evidence that the patient has plans to return to work or that an evaluation of the patient's functional capabilities in work environment is appropriate for this patient. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.