

<b>Case Number:</b>	CM13-0063886		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Orthopedic Surgery 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:

This 49-year-old claimant has a date of injury of 6/12/13 and has been treated for a left knee injury. He has been diagnosed with a medial meniscal tear and anterior cruciate ligament sprain. The claimant underwent sixteen visits of therapy without great benefit. A recommendation was made for aquatic therapy and a Functional Capacity Examination to assess the claimant's ability to work and get permanent work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation DG, Fitness for Duty Chapter, Functional Capacity Evaluations

**Decision rationale:** A Functional Capacity Examination would not be considered medically necessary and appropriate in this case based upon the Official Disability Guidelines. The CA MTUS and ACOEM Guidelines do not address this issue. If one looks toward the Official Disability Guidelines, a Functional Capacity Examination is considered if there are prior

unsuccessful return-to-work attempts, conflicting medical reporting on precautions and/or fitness for modified duties and injuries that require a detailed explanation of the worker's abilities. The claimant should be at maximal medical improvement, and additional secondary conditions should be clarified. In this case, documentation is not provided that there have been prior unsuccessful return to work attempts and left knee surgery has been recommended to address the meniscal tear. This claimant is not at maximal medical improvement. Therefore, for the reasons outlined above, a Functional Capacity Examination would not be considered medically necessary and appropriate in this case.

**AQUA THERAPY FOR THE LEFT KNEE (12 SESSIONS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** Aquatherapy would not be considered medically necessary and appropriate based on the California MTUS Chronic Pain 2009 Guidelines. MTUS Chronic Pain Guidelines support the use of aquatic therapy to minimize the effect of gravity where reduced weight bearing is desirable (i.e. extreme obesity). In this case, there is no documentation provided that this claimant requires aquatic therapy for reasons such as obesity. Therefore, aquatic therapy cannot be certified based upon the MTUS Guidelines.