

<b>Case Number:</b>	CM13-0065940		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Surgeon, and is licensed to practice in Maryland. 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 53 year old male whose date of injury is 06/21/2012. The injured worker fell onto his right hip and right leg. He is status post right knee arthroscopic subtotal medial meniscectomy with partial/limited synovectomy of a symptomatic plica on January 07, 2013 followed by a course of postoperative physical therapy. Electrodiagnostic study (EMG/NCV) dated 05/16/13 is a normal study. Note dated 07/05/13 indicates the injured worker notes no improvement with a series of Synvisc injections. Note dated 10/04/13 indicates that cortisone injection did not provide any relief. Functional capacity evaluation dated 10/08/13 indicates the injured worker does not meet the essential demands of a gardener. Permanent and stationary report dated 11/15/13 indicates the injured worker has reached permanent and stationary/maximum medical improvement for his right hip and right knee. Agreed medical examiner orthopedic report dated 12/16/13 indicates the injured worker has not worked since 06/26/12. Diagnoses are internal derangement right knee, patellofemoral chondromalacia right knee, and antalgic gait with occasional cane. Note dated 01/17/14 indicates that treatment was recommended in the form of right knee MRI, continued follow-ups for pain management, and hinged knee brace. Follow up note dated 03/17/14 indicates the right knee range of motion is 5-90 degrees. Lachman, anterior and posterior drawer are negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Fitness for Duty - Functional Capacity Evaluation (FCE).

**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 Chapter, Functional Capacity Evaluations

**Decision rationale:** Based on the clinical information provided, the request for functional capacity evaluation of the right knee is not recommended as medically necessary. The submitted records indicate the injured worker has not worked in approximately two years. There is no documentation of prior unsuccessful return to work attempts. There is no documentation of conflicting medical reporting on precautions and/or fitness for modified job. Therefore, the injured worker does not meet Official Disability Guidelines (ODG) criteria for functional capacity evaluation at this time.