

<b>Case Number:</b>	CM13-0068217		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 patient is a 59-year-old male who reported an injury on 12/26/2010. The mechanism of injury was noted to be a fall. The patient was diagnosed with an old bucket handle tear of the medial meniscus. The patient's symptoms include complaints of low back pain with a rating of 5/10 and left knee pain with a rating of 6/10. The examination of the patient's left knee had range of motion of flexion at 115 degrees and extension of 3 degrees. The patient was noted to have a positive McMurray's test (with internal rotation) on the left. The patient's motor strength of the left knee extension was noted to be a -5/5. The patient's past medical treatment was noted to be medications, such as Vicodin, Relafen, Omeprazole and patches and 1 cortisone injection to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR A FUNCTIONAL CAPACITY EVALUATION:** 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 Official Disability Guidelines (ODG), Fitness for Duty Section.

**Decision rationale:** According to the Official Disability Guidelines (ODG), Functional Capacity Evaluations are appropriate when a worker has had prior unsuccessful attempts to return to work or has conflicting medical reports; when the patient has an injury that requires a detailed exploration of the worker's ability; a worker is close to Maximum Medical Improvement and/or additional or secondary conditions have been clarified. The evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The most recent clinical note provided indicated that the patient was on temporary total disability status for 45 days to prevent an exacerbation of symptoms. The documentation submitted does not indicate that the patient had previously attempted to return to work. Therefore, the request is not supported.