

<b>Case Number:</b>	CM14-0102170		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 is a female patient with a day of injury of October 1, 2013. A utilization review determination dated June 24, 2014 recommends non-certification of a functional capacity evaluation. A progress note dated April 28, 2014 identifies subjective complaints of ongoing constant bilateral knee pain described as being aching, sharp, and nagging. The patient rates her pain as a 6 on a scale of 0 to 10. The pain is relieved with sitting, heat, massage, walking, ice, and relaxation. The pain is exacerbated with standing, stress, and walking. The patient has associated symptoms of numbness, tingling, headaches, and swelling. The patient has difficulty sleeping due to pain. The physical examination identifies edema in bilateral lower extremities, trace effusion of bilateral knees, crepitus is noted in bilateral knees, positive McMurray's test bilaterally, and positive patellar compression test on the right. The diagnosis is knee strain. The treatment plan recommends a functional capacity evaluation for baseline testing as part of the functional restoration program initial evaluation, bilateral medial unloader knee braces, and a prescription for quazepam 15mg #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Regarding the request for a functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines (ODG) states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues, such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.