

<b>Case Number:</b>	CM14-0110600		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 26-year-old male who reported an injury on 01/01/2009 due to falling and landing on his knee at work. Diagnoses were chronic derangement of medial meniscus of right knee, history of arthroscopy, knee, and right knee joint pain. Past treatments were acupuncture, physical therapy, and cortisone injections. Diagnostic studies were MRI of the right knee that revealed very mild articular cartilage irregularity of the patellofemoral, and medial compartment without a focal full thickness articular cartilage defect. Focal linear scarring within Hoffa's fat pad, extending into the intercondylar notch, disappears postsurgical. Truncation of the medial meniscus, appeared postsurgical. No definitive evidence of a re-tear. Pes anserine bursitis, with underlying tendinopathy. Surgical history was right knee arthroscopy on 09/26/2013. Physical examination on 05/02/2014 revealed the injured worker reported that he had returned to work. He did report episodes of increased pain, one near the lateral arthroscopy incision. The intensity was reported as not as severe as preop. Examination of the right knee revealed normal range of motion, no swelling, no deformity, no LCL laxity, normal patellar mobility, and no MCL laxity. There was tenderness (minimal, medial joint line, anserine bursa) found. Patellar and Achilles reflexes were normal bilaterally. Medications were not reported. Treatment plan was to continue home exercise program and continue full work duty. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE) for right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Guidelines for performing an FCE:

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The decision for Functional Capacity Evaluation (FCE) for right knee is not medically necessary. The ACOEM Guidelines indicate there is a functional assessment tool available, and that is a functional capacity evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when an injured worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the injured worker had an injury that required a detailed exploration of an injured worker's abilities, an injured worker's close to maximum medical improvement, and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine an injured worker's compliance or the injured worker has returned to work and an ergonomic assessment has not been arranged. It is recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The injured worker has returned to work. The medical guidelines recommend admission to a work hardening program prior to a functional capacity evaluation. The rationale for the request of a functional capacity evaluation was not submitted. The clinical documentation submitted for review does not provide enough objective evidence to support the request of a functional capacity evaluation for the right knee. Therefore, this request is not medically necessary.