

<b>Case Number:</b>	CM14-0133764		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Family Practice 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 injured worker is a 66-year-old male who reported an injury on 08/25/2007. The mechanism of injury was not provided. On 07/21/2014, the injured worker presented with right knee pain. Upon examination of the right knee, there were 90 degrees of flexion and 0 degrees of extension. There was pain over the medial joint line. The diagnoses were status post right TKA. Prior therapy included medications. The provider recommended a Functional Capacity Evaluation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation

**Decision rationale:** The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference of assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon a physical examination demonstrating significant functional deficit. The documentation lacked evidence of further treatment the injured worker underwent previously and the measures of progress. As such, medical necessity has not been established.