

<b>Case Number:</b>	CM14-0178618		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier ACL (anterior cruciate ligament) reconstruction surgery; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for a functional capacity evaluation while approving a knee MRI. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines were employed in the FCE denial. The applicant's attorney subsequently appealed. The applicant did undergo a left knee PCL (posterior cruciate ligament) reconstruction procedure and synovectomy procedure on May 16, 2014. On July 3, 2014, the applicant reported ongoing complaints of knee and low back pain. The attending provider noted that there were some questions about whether the applicant's low back issues were compensable. The applicant was reportedly using naproxen, Zofran, Norco, and Motrin for pain relief. The applicant's work status was not provided. Additional physical therapy was sought. On August 7, 2014, the applicant reported ongoing complaints of knee and low back pain. The applicant was asked to continue physical therapy to improve his weakness. The applicant was asked to employ gabapentin. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. On September 18, 2014, MRI imaging of the knee and a 'work capacity evaluation' were sought via an RFA (request for authorization) form. In a progress note of the same dated, September 18, 2014, the applicant was again described as having ongoing complaints of knee pain and knee instability. MRI imaging of the knee and a

'work capacity evaluation' were endorsed to determine the applicant's work restrictions. It was stated that the applicant had been unable to make any progress in terms of returning to work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FCE (functional capacity evaluation):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 138, 341-342, Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc/odgtwc/knee.htm>)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter, Functional Capacity Evaluations topic

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and determine work capability, in this case, however, the applicant is seemingly off of work, on total temporary disability. It was not clearly stated whether the applicant in fact has a job to return to and/or whether the applicant is intent on returning to the workplace and/or workforce. The attending provider's progress notes, furthermore, seemingly suggested that the applicant was in the midst of undergoing further treatment involving the injured knee. MRI imaging of the knee had been ordered to search for further internal derangement of the knee. While ODG's Fitness for Duty Chapter Functional Capacity Evaluations topic does acknowledge that functional capacity evaluations can be considered in applicants who are at or approaching maximal medical improvement and/or applicants who have had prior unsuccessful return to work attempts, in this case, however, it does not appear that the applicant has ever returned to work on a trial basis. The applicant is not, in fact, at or approaching maximal medical improvement. The fact that MRI imaging is being sought implies that the applicant is in the process of considering other treatments which could generate further improvement. Therefore, the request is not medically necessary.