

<b>Case Number:</b>	CM14-0046540		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on 12/20/2012. The mechanism of injury was not provided. On 02/25/2014, the injured worker presented with left knee pain. Upon examination of the left knee, there was a mild antalgic gait, left knee flexion was 95/130 and extension was 0/0 degrees. There was no edema, arrhythmia, or bony deformity noted. The diagnoses were postsurgical left knee arthroscopy 04/10/2013, left chondromalacia of the patella, and unspecified internal derangement of the left knee. Prior therapy included physical therapy, home exercise, surgery, and medications. The provider recommended a Functional Capacity Evaluation for the left knee and an x-ray. 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 for the left 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 (ODG): Guidelines for performing a functional capacity evaluation (FCE).

**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 California MTUS/ACOEM states that 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 for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence that a Functional Capacity Evaluation will aid the provider in the injured workers treatment plan or goals. There was also lack of documentation of other treatments the injured worker underwent previously and the measurement of progress, as well as the efficacy of the prior treatments. As such, the Functional capacity evaluation for the left knee is not medically necessary.

**X-ray of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The California MTUS/ACOEM guidelines state most knee problems improve quickly once any red flag issues are ruled out. For injured workers with significant Hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion because of the possibility of identifying a problem that was present before symptoms began and therefore has no temporal association with the current symptoms. Clinical parameters for ordering knee radiographs following a trauma include joint effusion within 24 hours of a direct blow or fall, palpable tenderness over a fibular head or patella, inability to walk 4 steps or bear weight immediately or within a week of trauma, and an inability to flex the knees to 90 degrees. The medical documentation notated that the injured worker was able to flex the left knee to 95/130 degrees. There was a lack of significant objective exam findings to support possible pathology to warrant an x-ray. As such, the X-ray of the left knee is not medically necessary.