

<b>Case Number:</b>	CM14-0081765		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and Rehabilitation 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 38-year-old male who reported an injury on 05/11/2012, due to an unknown mechanism. Diagnoses were knee pain, knee effusion, knee internal derangement, tear of cartilage or meniscus, tear of medial meniscus, anxiety, stress, and depression. Past treatments were physical therapy and acupuncture. Diagnostic studies were magnetic resonance imaging (MRI) of the lumbar spine, MRI of the left and right knee. MRI of the lumbar spine on 03/22/2014 revealed spondylotic change L3-4, with a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing; at the L4-5, a 2 to 3 mm posterior disc bulge resulting in mild left neural foraminal narrowing and left exiting nerve root compromise; at the L5-S1, a 2 to 3 mm posterior disc bulge and facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing. MRI of the left knee on 03/22/2014 revealed a bakers cyst; there was globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration; a tear is not entirely excluded. MRI of the right knee revealed globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration; tear is not entirely excluded; baker's cyst as described. Surgical history was not reported. Physical examination on 06/06/2014 revealed the injured worker experienced pain in the lower shoulder, back, legs, knee, and having psychological problems. The injured worker reported having difficulty ascending and descending ramps, stairs, and rising from a seated position. The injured worker's pain was rated a 7/10 in pain. Physical examination revealed pain and tenderness within the affected body parts upon palpation, restriction of motion within the affected body parts, positive orthopedic test findings noted in the lumbar spine. Medications were tramadol, Flexeril, and topical compounded creams. Treatment plan was for an MRI of the right shoulder, and possible surgical intervention for bilateral knees. 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:

### **1 Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

**Decision rationale:** The decision for one Functional Capacity Evaluation (FCE) is not medically necessary. American College of Occupational and Environmental Medicine (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 (ODG) indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's abilities, a worker is 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 a worker's effort or compliance, or the 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. It was not reported that the injured worker had unsuccessful attempts to return to work. It was not reported that the injured worker was to be recommended to a work hardening program. It was not reported that the injured worker had reached maximum medical improvement. The clinical documentation submitted for review does not provide evidence that the injured worker has reached maximum medical improvement. Therefore, this request is not medically necessary.