

<b>Case Number:</b>	CM14-0127171		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old female, who sustained an industrial injury on 09/01/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left knee arthroscopic examination and surgery, status post left ankle arthroscopic surgery, internal derangement of the left knee, chondromalacia of the left knee, and sprain/strain of the left ankle. Treatment and diagnostic studies to date has included 24 sessions physical therapy for the ankle, above noted procedures, and home health care. The treating physician noted that physical therapy provided significant improvement to the ankle post-surgery, but the medical records did not provide documentation on any functional improvement from those physical therapy sessions. In a progress note dated 07/21/2014 the treating physician reports continued complaints of pain to the left knee with morning stiffness along with pain to the left ankle that swells with use. Examination reveals medial and lateral joint line tenderness to the left knee, crepitus with range of motion along with a decreased range of motion to the left knee. The injured worker also has minor swelling to the left ankle, and a decreased range of motion to the left ankle with guarding and pain. The injured worker's pain level is rated a 6 out of 10 on a pain scale. The treating physician requested a functional capacity evaluation, but the documentation provided did not indicate the specific reason for the requested evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines for Performing an FCE.

**Decision rationale:** MTUS guidelines do not address the use of functional capacity evaluations. The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria are met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for 1 Functional Capacity Evaluation is not medically necessary.