

<b>Case Number:</b>	CM14-0202949		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 New Jersey. 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 worker is a 59 year old female who was injured 9/16/2013. She was diagnosed with right knee strain. She had already been diagnosed with severe chondromalacia patella of the right knee, which was aggravated by her recent injury/strain. She was treated with physical therapy, modified duty, acupuncture, and medications. The worker was seen on 11/3/14, by her primary treating provider reporting persistent right knee pain rated 6-7/10 on the pain scale as well as stiffness and achiness of the right knee. The physical examination revealed tenderness to palpation of the anterior knee, retropatellar pain with grinding test, positive patellar apprehension test, and palpable and audible crepitus of the patellofemoral joint. She was then recommended Supartz injection (pending), physical therapy, a functional capacity evaluation for possible work restrictions, and a right knee brace. No report on the worker's work status and abilities was included in the note.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 137-138 and Official Disability Guidelines, Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

**Decision rationale:** The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, there did not seem to be enough of the criteria met to warrant an FCE. There was no report of any attempts at returning to work or any preplacement examination process, nor was there any work status mentioned in the progress note at the time of this request. Also, it appeared that there was an effort to continue treatment strategies such as physical therapy and bracing which indicates that she is not likely to be at maximal medical improvement. Therefore, the FCE will be considered medically unnecessary at this time.