

<b>Case Number:</b>	CM14-0051087		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 50-year-old male who sustained an industrial injury on 11/2/2011. Recently he reported constant, moderate to severe pain in the left knee, which traveled up and down the leg and caused numbness over the knee. The injured worker has been diagnosed with, and/or impressions were noted to include, left knee cruciate ligament, lateral collateral ligament and medial collateral ligament sprain; tear of the left knee medical meniscus; and bursitis of the left knee. Treatments to date have included consultations; imaging studies; 6 acupuncture therapy sessions (2/2014); home exercise program; education; activity modifications; work restrictions; and medication management. It is noted he was released back to work with specific restrictions.

### 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 Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 137-8.

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. In this case, the injured worker's working diagnoses are tear medial meniscus left knee; and bursitis left knee. The documentation according to a March 2014 progress note indicates the injured worker has not completed a six-course therapy acupuncture, and for that reason, the treating physician has not ordered new/additional therapy. There is no documentation the injured worker is attempting to return to work. Additionally, there were no job duties, job descriptions or an anticipation to return to work documented in the medical record. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. Consequently, absent clinical documentation with job duties and work capabilities while actively engaged in active, ongoing treatment, a functional capacity evaluation is not medically necessary.