

<b>Case Number:</b>	CM15-0106905		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 08/05/2011. He has reported injury to the bilateral knees and the low back. The diagnoses have included lumbar spondylosis with myelopathy; tear of medial meniscus of the right knee; bursitis of the right knee; chondromalacia patella of the right knee; and status post right knee arthroscopic surgery. Treatment to date has included medications, diagnostics, bracing, cane, physical therapy, and surgical intervention. Medications have included Motrin and topical compounded creams. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant moderate to severe pain in the right knee; the pain is described as aching and sharp, and aggravated by walking and standing; constant moderate pain in the left knee; the pain is described as popping and sharp, and made worse by kneeling and twisting; constant moderate to severe pain in the lumbar spine; the pain is described as aching and sharp; and this pain is aggravated by bending, walking, and standing. Objective findings included +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L4 to S1 and multifidus; Kemp's test was positive bilaterally; the right patellar and right hamstrings reflexes were decreased; there was +3 spasm and tenderness to the right knee anterior joint line and right quadriceps muscle; varus test was positive on the right; A-P drawer test was positive on the right; McMurray's test was positive bilaterally; and he ambulates with a cane in the left hand and a knee brace on his right knee. The treatment plan has included the request for follow-up with range of motion measurement and addressing activities of daily living; and qualified functional capacity evaluation x 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Follow-up with range of motion measurement and addressing ADL's: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), Pain Chapter, Flexibility.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter, under Office visits.

**Decision rationale:** The patient presents with low back and bilateral knee pain. The request is for FOLLOW-UP WITH RANGE OF MOTION MEASUREMENT AND ADDRESSING ADL'S. The request for authorization is dated 05/18/15. MRI of the right knee, 04/14/14, shows joint effusion; evidence of a tear of the anterior cruciate ligament; horizontal tear of the posterior horn and posterior body of the medial meniscus. X-ray of the bilateral knees, 03/30/15, shows moderate to marked narrowing of the medial knee compartments bilaterally, greater on the left, may be degenerative and/or posttraumatic in nature. Physical examination of the lumbar spine reveals +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L4 to S1 and multifidus. Kemp's test was positive bilaterally. The right patellar and right hamstrings reflexes were decreased. Examination of the knees reveals +3 spasm and tenderness to the right anterior joint line and right quadriceps muscle. Varus and A-P Drawer tests were positive on the right. McMurray's test was positive bilaterally. The patient ambulates with a cane and a knee brace on his right knee. Patient's medications include Motrin and Topical Compounds. Per progress report dated 05/18/15, the patient is temporarily totally disabled. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter, under Office visits, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per request for authorization form dated 05/18/15, treater's reason for the request is for "range of motion measurement and addressing ADLs." In this case, ODG guidelines recommend office visits with the primary treating physician to review patient concerns, signs and symptoms. Therefore, the request IS medically necessary.

### **Qualified functional capacity evaluation x 1: 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) - Fitness for Duty Chapter - Guidelines for performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient presents with low back and bilateral knee pain. The request is for QUALIFIED FUNCTIONAL CAPACITY EVALUATION X 1. The request for authorization is dated 05/18/15. MRI of the right knee, 04/14/14, shows joint effusion; evidence of a tear of the anterior cruciate ligament; horizontal tear of the posterior horn and posterior body of the medial meniscus. X-ray of the bilateral knees, 03/30/15, shows moderate to marked narrowing of the medial knee compartments bilaterally, greater on the left, may be degenerative and/or posttraumatic in nature. Physical examination of the lumbar spine reveals +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L4 to S1 and multifidus. Kemp's test was positive bilaterally. The right patellar and right hamstrings reflexes were decreased. Examination of the knees reveals +3 spasm and tenderness to the right anterior joint line and right quadriceps muscle. Varus and A-P Drawer tests were positive on the right. McMurray's test was positive bilaterally. The patient ambulates with a cane and a knee brace on his right knee. Patient's medications include Motrin and Topical Compounds. Per progress report dated 05/18/15, the patient is temporarily totally disabled. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per progress report dated 05/18/15, treater's reason for the request is "[The patient] will need a qualified functional capacity evaluation prior to evaluating if he has reached MMI status. " In this case, the patient has undergone conservative treatment in the form of medications and physical therapy, but continues to have pain. However, provided progress reports do not mention a request for a Functional Capacity Evaluation from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the request IS NOT medically necessary.