

<b>Case Number:</b>	CM15-0147329		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Hawaii  
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:

This 48-year-old female sustained an industrial injury on 9-24-12. She subsequently reported left lower extremity pain. Diagnoses include sprain of knee and leg, sprain and strain of ankle and tear of medial cartilage or meniscus of knee. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience left ankle and left foot pain. Upon examination, there is palpable tenderness at the left anterior knee. Left knee range of motion is reduced. The treating physician made a request for one functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Fitness for Duty (updated 04/27/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 137.

**Decision rationale:** From the records, the patient has ongoing bilateral knee pain and left ankle pain. The current request is for one functional capacity evaluation. The attending physician report dated 7/30/15, page (4b), states that an FCE is recommended to determine the patient's work capacity. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." The attending physician does not elaborate on the justification for this request. In this case, there is no explanation in the reports provided as to why this evaluation is crucial. There is no evidence that the claims administrator or employer has requested this examination or that the patient is insisting on a return to work and the employer or treating physician is concerned about her ability to do so. FCE's cannot predict a patient's actual capacity in the work place. The available medical records are not medically necessary for this request.