

<b>Case Number:</b>	CM15-0203439		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 26 year old female, who sustained an industrial injury on 3-05-2014. The injured worker was diagnosed as having left knee chondromalacia, left knee internal derangement, and left knee sprain-strain. Treatment to date has included diagnostics, left knee surgery 10-14-2014 (left knee arthroscopy with partial lateral meniscectomy), physical therapy, and medications. On 8-27-2015 (per the Primary Treating Physician's Initial Evaluation and Report), the injured worker complains of continuous left knee pain, increased with prolonged walking or standing, flexing or extending the knee, ascending or descending stairs, squatting, stooping, and episodes of giving way. Pain was rated 7 out of 10. Exam of the left knee noted flexion 130-110 degrees and extension 0. There was tenderness to palpation and muscle spasm of the anterior knee and positive McMurray's test. Current medications were Norco and Naproxen. Current work status was documented that she was "placed on total temporary disability". Magnetic resonance imaging arthrogram of the left knee (4-27-2015) showed "the lateral meniscus is extremely diminutive in size through the mid zone and posterior horn consistent with prior partial meniscal resection without discrete tearing" and "intact native ACL with abnormal soft tissue anteriorly consistent with an area of arthrofibrosis measuring 14mm in greatest dimension". The treatment plan included topical compound and oral medications, electromyogram and nerve conduction studies of the lower extremities, chiropractic physiotherapy, weight loss program, and initial Functional Capacity Evaluation. The rationale for the FCE was to ensure that she can safely meet the physical demands of her occupation. On 9-14-2015, Utilization Review non-certified a request for Functional Capacity Evaluation.

## 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), Pain (Chronic), Functional improvement measures, work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed, being "placed on total temporary disability". It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.