

<b>Case Number:</b>	CM15-0057681		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, 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 59 year old female who sustained an industrial injury on 05/14/2012. Mechanism of injury occurred from a slip and fall on a wet floor. She injured her lower back and left knee. Diagnoses include left knee lateral meniscus tear, left knee contusion, and left knee osteoarthritis. Treatment to date has included diagnostic studies, medications, chiropractic session x 8, Transcutaneous Electrical Nerve Stimulation unit, bracing, physical therapy, and status post left knee arthroscopy on 01/30/2013. The most recent physician progress note dated 01/22/2015 documents the injured worker has no improvement in her left knee. She rates her pain at 4-5 out of 10 and she describes it as throbbing, stabbing, pins and needles, with occasional radiation down to her foot. She report on occasion her left knee will give out on her. She notes her knee does feel unstable. Pain is increased with kneeling, walking and standing for long periods of time. The injured worker has occasional swelling in her knee with increased activities. She reports pain in her right knee since her previous office visit, and she has locking and rates her pain as 3 out of 10 on the pain scale. On examination of the left knee there is no swelling, deformity or effusion. There is a 1 cm by 1 cm area of ecchymosis over the lateral joint. Active and passive range of motion is 120 degrees in flexion and 0 degrees in extension. There is tenderness to palpation along the lateral joint line and over the tibial tubercle. There is no pain with range of motion. Patellar grind is positive, and McMurray's-lateral joint line pain. The joint is stable and tracks well with range of motion. It was documented the injured worker denies any cortisone or Orthovisc injections into the knee and does not want to get them. The injured worker also reports uncontrolled diabetes with an average blood sugar of 425. The

treatment plan includes, weight bearing as tolerated, and knee brace as needed. Treatment requested is for outpatient functional capacity evaluation for the left knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient functional capacity evaluation for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-8.

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation for the left knee 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. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are left knee meniscus tear, status post left knee arthroscopy lateral meniscectomy January 2013; let knee contusion; and left knee osteoarthritis. The request for authorization is dated March 10, 2015. The most recent progress note in the medical record is dated January 22, 2015. There is no contemporaneous documentation on or about the date of request for authorization. According to a January 22, 2015 progress note, the treatment plan states FCE: left knee for PNS. Subjectively, according to the January 22, 2015 progress note the injured worker status post left knee arthroscopy. The injured worker states 0% improvement with ongoing pain 4-5/10. Objectively, there is tenderness to palpation over the lateral joint line and tibial tuberosity. The remainder of the knee examination was unremarkable with normal motor, normal sensation, no pain with range of motion. There are no unsuccessful return to work attempts or an indication the injured workers close to maximum medical improvement. There is no discussion of an attempt to return to work. There is no clinical indication or rationale for an FCE. Consequently, absent contemporaneous clinical documentation with unsuccessful return to work attempts and clinical indication and rationale for the FCE, outpatient functional capacity evaluation for the left knee is not medically necessary.