

<b>Case Number:</b>	CM15-0089515		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58 year old female who sustained an industrial injury on 03/01/2012/2014. Mechanism of injury was a fall and landing on her right knee. Diagnoses include status post right knee surgery, right knee pain and depression. Treatment to date has included diagnostic studies, medications, knee brace, therapy, status post knee surgery on 07/08/2014, home exercise program, icing. A physician progress note dated 03/23/2015 documents the injured worker has constant right knee pain. She uses Lidopro ointment topically for knee pain. She also complains shoulder pain. She does not take Tylenol #3 due to a codeine allergy. A physician progress note a dated 01/13/2015 document the injured worker has continues right knee pain, but it has improved markedly with therapy. She still has some stiffness and has some trouble on stairs and while running. On examination the right knee shows mild crepitus. There is some peripatellar tenderness present. She has full flexion and full extension. It is stable to varus and valgus stress. The treatment plan includes Functional capacity evaluation to evaluate her restrictions, psyche report and Lidopro Cream. Treatment requested is for 1 Functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

**Decision rationale:** The patient is a 58 year old female who had a right knee injury on 03/01/2014. She fell and landed on her right knee. On 07/08/2014 she had right knee surgery. She had a knee brace and physical therapy. On 01/13/2015 she had improved with therapy and had some knee stiffness and trouble on stairs and with running. The right knee had mild crepitus. Range of motion was normal and the knee was stable. ODG notes that a functional capacity evaluation (FCE) is not part of routine rehabilitation from an injury. It is recommended prior to a work hardening program. There is no documentation that a work hardening program is medically necessary or is being considered for this patient who was running months ago. The requested FCE is not consistent with ODG and is not medically necessary.