

<b>Case Number:</b>	CM14-0118126		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 36-year-old male was reportedly injured on March 27, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 13, 2014, indicates that there are ongoing complaints of right knee pain. The injured employee had just recently had right knee surgery. The physical examination demonstrated a right-sided antalgic gait and a positive patella femoral compression sign. Diagnostic imaging studies prior to surgery indicated and ACL tear and a displaced bucket handle medial meniscal tear. Previous treatment includes a right knee arthroscopy for a meniscus repair and ACL reconstruction and physical therapy. A request had been made for a functional capacity assessment and was not certified in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Assessment:** 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, Functional Capacity Evaluation, Updated September 23, 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

**Decision rationale:** According to the Official Disability Guidelines a functional capacity evaluation is only indicated if there have been prior unsuccessful return to work attempts or the individual is close to or at maximum medical improvement. According to the medical records the injured employee has just had a right knee arthroscopy and is currently participating in postoperative physical therapy. This would not be an appropriate time for functional capacity evaluation as the injured employee has not yet completed physical therapy. As such, this request for a functional capacity evaluation is not medically necessary.