

<b>Case Number:</b>	CM14-0212453		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/08/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 55 year old female with a work injury dated . The diagnoses include osteoarthritis of the knee and medial meniscal tear. Under consideration are requests for functional capacity evaluation and 12 work conditioning. Per documentation that patient has long standing left knee pain. She underwent a left knee arthroscopy on 7/19/12 and was found to have grade 3 chondromalacia of the patella and troclea, medial meniscal tear and partial meniscectomy. She continued to have stiffness and pain and eventually underwent a left knee total knee replacement. An 11/25/14 primary treating physician progress report states that the patient does heavy walking for work and needs work conditioning and a FCE. The document states that she is not improved. The follow up exam questionnaire completed by the patient states that the pain has improved, is intermittent and not constant nor radiating. There is minimal pain in the left knee. She is taking Tylenol as needed. She is not attending physical therapy.

### 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 ACOEM 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional capacity evaluation (FCE)

**Decision rationale:** Functional capacity evaluation is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. The ODG states that one should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues or prior return to work attempts. It is unclear why the patient needs an FCE. The request for a functional capacity evaluation is not medically necessary.

**12 Work Conditioning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines, Work Conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** 12 work conditioning is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that work conditioning treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The request exceeds the recommended trial visits of 1-2 weeks. The documentation does not indicate a defined return to work goal agreed on by the employer and employee. For these reasons the request for work conditioning is not recommended.