

<b>Case Number:</b>	CM15-0011746		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

This 48 year old male was injured 10/15/13 in an industrial accident involving his left knee hitting a cement pillar. Currently he is experiencing throbbing, moderate left knee pain with popping sensation. He has difficulty with stairs. He has been on naproxen, analgesic cream, omeprazole, transdermal creams and muscle relaxant. He has difficulty performing activities of daily living due to pain and difficulty with bending, climbing, sitting, squatting. He has sleep difficulties. Diagnoses are lateral meniscal tear status post left knee arthroscopy (6/28/14); left knee internal derangement. Treatments include home exercise program, there was a request for physical therapy. Diagnostics include MRI of the left knee and x-ray of the left knee. The treating physician requested functional capacity evaluation. On 12/24/14, Utilization Review non-certified the request for Functional Capacity Evaluation Citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (DOS 11/21/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines on functional capacity evaluation chapter: 7

**Decision rationale:** This patient presents with left knee pain. The patient is status post left knee arthroscopy from 06/20/2014. The treater is requesting FUNCTIONAL CAPACITY EVALUATION, DOS 11/21/2014. The RFA from 11/21/2014 shows a request for FCE. The patient's date of injury is from 10/15/2013, and he is currently off work. The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. The records do not show any previous functional capacity evaluation. The 11/21/2014 report does not provide a discussion as to why an FCE is being requested. Routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The request IS NOT medically necessary.