MAXIMUS Federal Services

| Case Number: | CM15-0060814 | | |
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| Date Assigned: | 04/07/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/31/2015 |

## 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, Hawaii
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:

The injured worker is a 56 year old male who sustained an industrial injury when he tripped and twisted his right knee on June 12, 2014. The injured worker has a medical history of chronic polymyositis, diabetes mellitus and hypertension. The injured worker was diagnosed with chondromalacia and internal derangement bilateral knees. The injured worker underwent right knee arthroscopic partial lateral meniscectomy, synovectomy and chondroplasty on October 16, 2014 followed by 6 sessions of physical therapy. Treatment to date has included conservative measures, right and left knee magnetic resonance imaging (MRI), surgery, physical therapy and medications. According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience bilateral knee pain. The injured worker has a mild antalgic gait, mild limp and ambulates without assistive devices. Examination of the right knee demonstrated tenderness to palpation of the anterior knee with muscle spasm and decreased range of motion. Special testing is negative. Examination of the left knee demonstrated anterior knee tenderness to palpation and negative special testing. Current medications are listed as Tramadol, Ibuprofen and Prilosec. Treatment plan includes physical therapy, prescribed medication regimen and the current request for an initial Functional Capacity Evaluation (FCE).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE Initial:** 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 guidelines, Chapter 7, p137-139.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for FCE Initial. The treating physician states, "A physical performance FCE is requested to ensure this patient can safely meet the physical demands of their occupation." (83B) The ACOEM guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why an FCE is crucial. It is not requested by the employer or the claims administrator. An FCE does not predict the patient's actual capacity to perform in the workplace. The current request is not medically necessary and the recommendation is for denial.