

<b>Case Number:</b>	CM13-0011460		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/30/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported an injury on 10/30/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, aquatic therapy, medications, and epidural steroid injections. The injured worker was evaluated on 06/06/2012 and it was documented that her employer offered her a modified position, but she was unable to perform those duties. The injured worker was evaluated on 07/11/2013. It was documented that she was not currently employed. Physical findings included restricted range of motion secondary to pain with palpable tenderness over the L4-5 facets with a negative straight leg raise test bilaterally and ambulation with an antalgic gait. The injured worker's diagnoses at that time included lumbar spine sprain/strain, decreased lumbar spine lordosis with severe posterior sagittal vertical excess, and facet arthrosis at L4-5 and L5-S1. The injured worker's treatment recommendations at that time included a Functional Capacity Evaluation to determine her work restrictions prior to returning to work and continuation of medications. ■■■ dated 08/12/2013 documented that the treating physician felt that a Functional Capacity Evaluation was medically justified due to the complex medical issues of the injured worker's injury to determine her physical demand level as a certified nurse assistant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT FUNCTIONAL CAPACITY EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The requested urgent Functional Capacity Evaluation is medically necessary and appropriate. American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation of the injured worker's work capabilities is needed than what can be provided in a traditional physical exam. The clinical documentation submitted for review does indicate that the injured worker was unable to perform modified work duties previously provided by the employer. Additionally, the treating physician provided justification as more detailed evaluation of the injured worker's work capabilities are needed to assess the injured worker's abilities to meet the physical demand levels of a certified nursing assistant. Therefore, the need for a Functional Capacity Evaluation would be medically necessary and appropriate.