

<b>Case Number:</b>	CM13-0024729		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Illinois. 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 48-year-old female who reported an injury on 06/05/2013 due to a fall. On 06/07/2013, the injured worker presented with pain in the tail bone area. The diagnosis was contusion of the lower back. Upon examination, there is a possible nondisplaced fracture through the upper coccyx and bony alignment is within normal limits. Current treatment includes medications. The provider recommended a functional capacity evaluation. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 functional capacity evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

**Decision rationale:** The request for a functional capacity evaluation is not medically necessary. The California MTUS/ACOM Guidelines state that a FCE may be necessary to obtain a more

precise delineation of the injured worker's capabilities that is available for a team physical examination under some circumstances. This can be done by ordering a functional capacity evaluation of the injured worker. The Official Disability Guidelines further state that a functional capacity evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional capacity evaluations are not recommended as routine use. The documentation is not clear as to how the functional capacity evaluation will aid the provider in the injured worker's treatment plan and goals. There is a lack of physical findings demonstrating significant functional deficits. There is also a lack of documentation of the injured worker's efficacy of other treatments previously provided, and there is no information provided of the injured worker's failure to attempt at work to warrant an FCE at the time to determine restrictions. The provider's rationale for the request was not provided within the medical documents, and the guideline recommendations were not met for an FCE. Therefore, the request is not medically necessary.