

<b>Case Number:</b>	CM13-0032807		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/10/1979
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 08/10/1979. The patient currently is a 61-year-old man who has reported ongoing low back pain as well as bilateral knee pain and ankle. An initial physician review notes that the patient has undergone an initial comprehensive pain management consultation on 03/29/2013 with a change in primary treating physician. The patient was noted to have an antalgic gait with restricted range of motion and positive straight leg raising on the right and 4/5 left quadriceps strength and hamstring and calf strength. The patient's diagnoses included lumbar radiculopathy, chronic pain syndrome, bilateral knee pain, bilateral knee internal derangement, myofascial syndrome, neuropathic pain, chronic pain related to depression, and opioid dependence. A prior physician review notes that there was no evidence that there had been any prior unsuccessful return to work attempts or conflicting medical reports or precautions or fitness for modified job or injuries requiring a detailed explanation of the patient's abilities. Therefore, this reviewer concluded that a Functional Capacity Evaluation was not indicated. On 11/10/2012, an orthopedic qualified medical evaluation noted that a formal job analysis was not available and that while working the patient had engaged in managerial functions, supervising employees, as well as conducting paperwork for operational purposes of an auto body shop. The clinical note indicated the patient's work also involved constant repetitive use of his upper extremities to lift, care, push, pull, reach, and function. An initial treating physician's comprehensive pain management consultation report/change of primary treater is noted on 03/29/2013. That report details the patient's initial injury when he injured his low back and knees in 1979 after falling from and through a ladder and subsequent extensive chronic pain treatment with occasional flare-ups. He was diagnosed with a lumbar radiculopathy, chronic p

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty/Functional Capacity Evaluation.

**Decision rationale:** Functional Capacity Evaluations are discussed in the Chronic Pain Medical Treatment Guidelines in the section on Work Conditioning, page 125. These guidelines discuss criteria for admission to a work hardening program, noting "a Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis." Functional Capacity Evaluations are discussed in more detail in the Official Disability Guidelines/Treatment of Workers' Compensation/Fitness for Duty/Functional Capacity Evaluation, noting "If a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful...It is important to provide as much detail as possible about the potential job to the assessor." The medical records at this time appear to request a Functional Capacity Evaluation in general or generic terms but do not correlate this request with a specific job under consideration. The medical records and guidelines do not support an indication for this evaluation in this situation and also indicate that it is not unlikely to be effective as such an evaluation with reference to a particular job. The request for functional capacity evaluation is not medically necessary and appropriate.