

<b>Case Number:</b>	CM13-0035285		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

According to the medical records reviewed, the claimant is a 57-year-old left-hand-dominant male who sustained industrial injuries on August 14, 2012, while working as a Court Clerk for [REDACTED]. He states that on August 14, 2012, during the course of his employment, he was walking when he made a turn and fell down. He landed to the right side of his body. He experienced immediate pain to his right leg and right knee. He was not able to stand. The paramedics arrived at the scene and transported him to the emergency room. His supervisor became aware of the injury. He was initially examined in the emergency room at [REDACTED]. X-rays to his right leg were taken. He given pain medication and was supplied with a set of crutches. He was discharged within a few hours and referred to [REDACTED]. He was followed by [REDACTED]. He was taken off from work for six months, after which he returned to full duty work. X-rays and MRI studies to his right leg and right knee were performed. He was given pain medication and anti-inflammatory agents. He was supplied with a right leg brace. In September 2012, he underwent right quadriceps surgery. He states after the surgery his right knee "went bad." Postsurgical he was started on a course of physical therapy to his right leg and right knee at intervals of three times a week for approximately three months, providing him temporary pain relief. He was last examined on August 2, 2013. His examination on August 2, 2013 was significant for weakness of leg extension and flexion. The provider stated that a "neurodiagnostic studies of the bilateral lower extremities are also being requested in order to rule out peripheral nerve entrapment in the right lower extremity. A Functional Capacity Evaluation is also being requested in order to provide the patient impairment and work restrictions and assess his physical abilities to work so that he can continue working in the work environment without further

## IMR ISSUES, DECISIONS AND RATIONALES

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

**functional capacity evaluation for the trunk and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

**Decision rationale:** The CA-MTUS (Effective July 18, 2009) ACOEM ((2004) guidelines state : "In evaluating the ability of a worker to do the job as described, the history is very important. If the candidate has had trouble with a similar job or demand in the past, this is a sensitive indicator for job evaluation or accommodation. The clinician must be aware of the sensitivity and specificity of any tests used and their applicability to real job situations. Tests should have been evaluated in working populations and determined to reflect true job demands." At present, there is not sufficient evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The pre-placement examination process will determine whether the employee is capable of performing in a safe manner, the tasks identified in the job-task analysis. Per ODG (Updated 2013) Fitness for Duty Chapter Guidelines for performing Function Capacity Evaluation (FCE) : "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." It appears the sole purpose of the Functional Capacity assessment as requested by [REDACTED] is to determine the claimant's effort or compliance. There is no detailed information provided to the assessor about the potential job for which a functional capacity evaluation is required. Furthermore there is no documentation that case management is being hampered by complex issues. Therefore the request for a functional capacity evaluation is not medically necessary.