

<b>Case Number:</b>	CM13-0040335		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology & Pain Medicine and is licensed to practice in Florida. 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 patient is a 55-year-old female who reported an injury on 08/07/2007. The patient is diagnosed as status post left total knee replacement in 2010, status post spinal cord stimulator implantation in 2012, and lumbar sprain and strain. The most recent progress note submitted for review is dated 09/24/2013 by [REDACTED]. Physical examination revealed a slow and guarded gait with diffuse swelling of the left knee. Treatment recommendations included a consultation for an intrathecal pump implantation versus repeat sympathetic block. A request for authorization for medical treatment was then submitted by [REDACTED] on 09/18/2013 for a Functional Capacity Evaluation with range of motion and muscle testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation, ROM, Muscle test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational Environmental Medicine, ACOEM, Official Disability Guidelines, ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation..

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination when re-assessing function and functional recovery. As per the clinical documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There is also no evidence that this patient has reached or is close to maximum medical improvement. There is no evidence of a defined return to work goal or job plan which has been established, communicated, and documented. Based on the clinical information received, the medical necessity for the requested service has not been established. As such, the request for Functional capacity evaluation, ROM, Muscle test is non-certified.