

<b>Case Number:</b>	CM13-0046819		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine and is licensed to practice in Rhode Island. 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:

51 year old male who presents for functional capacity evaluation, report and supplies. The beneficiary has left knee pain with prior surgery of unknown date. The date of injury is 11/24/10. The beneficiary also has osteoarthritis of the knee and lumbago. On exam he has 60 degree flexion and 30 degree extension of the left knee. No other exam findings are noted. No imaging is available prior to 1/24/13 DOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for DOS: 1/24/12 for outpatient functional capacity evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

**Decision rationale:** I have thoroughly searched the submitted records for a functional capacity evaluation on 1/24/13 date of service. There are no detailed examination or history findings. There are no imaging studies and no mention of the beneficiary's functional capacity. The treating physician did not address the FCE guidelines; there is also insufficient medical

information on this date of service to determine a medical necessity. There are specific guidelines above that relate to the needed elements of an evaluation and they are not present on the date of service of 1/24/13.

**Retrospective DOS: 1/24/13 outpatient prolong evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

**Decision rationale:** I have thoroughly searched the submitted records for a functional capacity evaluation on 1/24/13 date of service. There are no detailed examination or history findings. There are no imaging studies and no mention of the beneficiary's functional capacity. The treating physician did not address the FCE guidelines; there is also insufficient medical information on this date of service to determine a medical necessity. There are specific guidelines above that relate to the needed elements of an evaluation and they are not present on the date of service of 1/24/13.

**Retrospective DOS: 1/24/13, outpatient special report: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

**Decision rationale:** I have thoroughly searched the submitted records for a functional capacity evaluation on 1/24/13 date of service. There are no detailed examination or history findings. There are no imaging studies and no mention of the beneficiary's functional capacity. The treating physician did not address the FCE guidelines; there is also insufficient medical information on this date of service to determine a medical necessity. There are specific guidelines above that relate to the needed elements of an evaluation and they are not present on the date of service of 1/24/13.

**Retrospective DOS: 1/24/13, purchase of materials and supplies: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

**Decision rationale:** I have thoroughly searched the submitted records for a functional capacity evaluation on 1/24/13 date of service. There are no detailed examination or history findings. There are no imaging studies and no mention of the beneficiary's functional capacity. The treating physician did not address the FCE guidelines; there is also insufficient medical information on this date of service to determine a medical necessity. There are specific guidelines above that relate to the needed elements of an evaluation and they are not present on the date of service of 1/24/13.