

<b>Case Number:</b>	CM13-0047775		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

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

This is a 5'8", 178 lbs, 51-year-old female with a 2/1/09 industrial injury claim. She has been diagnosed with: myofascitis/muscle spasm; anxiety; sexual dysfunction; insomnia; gait abnormality; cervical spine disc syndrome; lumbar spine disc syndrome; pain in the cervical spine; pain in the lumbar spine; bilateral knee pain; bilateral ankle/foot pain; s/p left knee surgery in 2012; rule out diabetes. The IMR application shows a dispute with the 10/21/13 UR decision. The UR decision was by [REDACTED] and recommended non-certification for a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One final functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 - 138.

**Decision rationale:** The patient has had a PM&R medical evaluation on 4/13/13 by [REDACTED]. The lower back and right leg/knee/foot were considered industrial, the neck, shoulder,

headaches, sexual dysfunction and sleep disorder were found to be non-industrial. [REDACTED] found the patient permanent and stationary and stated she is limited to sedentary work due to her risk for falling with prolonged weight bearing. [REDACTED] provided physical limitations. The chiropractor has requested an FCE on 10/9/13 but without providing a rationale. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. The request for one final functional capacity evaluation is not medically necessary or appropriate.