

<b>Case Number:</b>	CM13-0056206		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 42-year-old female with a date of injury of 1/24/08. The treating physician reports indicate that the patient presents with pain affecting the back and bilateral knees. The physical examination findings revealed (R) knee intermittent swelling, inflammation, (L) knee compensatory pain L/S nondescript pain. L/S pain with slight "swayback deformity and right paralumbar vertebral tenderness." Prior treatment history includes L5-S1 interlaminar epidural steroid injection, lumbar epidurogram with interpretation and physical therapy. MRI of the (R) knee dated September 2010, revealed mucoid degeneration in both menisci. MRI of the lumbar spine, dated May, 2013 revealed tendinosis/partial tear involving the anterior aspect of supraspinatus with no evidence of a complete tear. The current diagnoses are: 1. L/S S/S2. (R) Knee chondromalacia with S/S. Contributing factors: SI joint sprain-sacroiliitis, anxiety/depression. The utilization review report dated 10/17/13 denied the request for a Functional Capacity Evaluation (FCE) based on the fact that "MTUS guidelines do not support functional capacity evaluations, whether qualitative or quantitative." Therefore, the requested FCE was deemed not medically necessary.

### 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:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page(s) 137-138

**Decision rationale:** The patient presents with chronic pain affecting the lumbar spine and bilateral knees. The current request is for a Functional Capacity Evaluation (FCE). The limited reporting provided indicates that the treating physician report states that the requested FCE is for the permanent and stationary report and it is needed to determine if the employee is able to resume working capacity "commensurate with his or her skills or abilities." Neither MTUS nor ODG guidelines address functional capacity evaluations, whether qualitative or quantitative. ACOEM guidelines do address FCE. ACOEM Guidelines state: "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." The medical history in this case does not indicate that the physician feels the information from such testing is "crucial." Instead the reporting indicates, that the requested FCE is for the permanent and stationary report and it is needed to determine if the employee is able to resume working capacity "commensurate with his or her skills or abilities." There is no request from the employer or claim administrator for an FCE. Therefore, recommendation is not medically necessary.