

<b>Case Number:</b>	CM13-0061128		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old male. The patient was injured at work on 8/18/09. He had fractures and major artery damage to his left leg. Subsequent to his injury, he underwent 16 surgeries and ultimately an above knee amputation in June, 2011. The diagnoses include a left above-the-knee amputation. Per documentation there is a 12/3/13 appeal by the physician at the functional restoration clinic that states that the patient has had a lengthy course of treatment post injury including subsequent dependence on opioid medications, detox, and completion of a six-week functional restoration program, at which time it was determined by the medical director at a functional restoration program, and the primary treating physician, that he would be able to return to his former job with modification of an electric pallet jack and automatic transmission truck. He is not taking any medications that would prevent him from returning to the job, as previously outlined in an 8/30/13 report. The patient is at MMI previously. Per an 11/11/13 Agreed Medical Evaluation the patient has worked as a truck driver since he was age 18. He received his class A driver's license in 1994, and went to work in October of 2007 as a long haul truck driver. He indicates that his job working for this particular company was the same throughout his tenure there, and he is still technically employed by them and he is currently working on regaining his class A license. He last worked on 8/18/09, the date of his industrial injury. There is an 8/30/13 document from the patient's medical doctor stating that he has reviewed the job description of long-haul truck driver for including physical requirements as well as a description of employee's job duties. He reviewed the 7/31/13 pain clinic return to work information sheet noting the patient was permanent and stationary on that date and released to frequent lift and/or carry 50 pounds and retain a maximum capacity to lift 50 pounds, which complies with the description of job duties. He will require job modification including an electric

pallet jack and automatic transmission. Review of the other job duties by himself and a physical therapist felt that he could perform the requirements of the job based on direct physical observation and testing at the functional restoration program. He is not taking any medications that will impair his driving ability or ability to perform his job. Upon entering into the functional restoration program he has discontinued opiates and continued to be opiate-free. He is taking three medications typically used for neuropathic pain, did not demonstrate any mental acuity changes from taking those medications. He has worked on a daily basis with the psychologist and physical therapist and is able to safely perform all aspects of his job. He is stable medically, psychologically and physically.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**A FUNCTIONAL CAPACITY EVALUATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 81. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, FCE

**Decision rationale:** A functional capacity evaluation is medically necessary. The MTUS ACOEM guidelines state that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Additionally, the ODG states that 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. The ODG states that an FCE can be considered the patient is at MMI and injuries that require detailed exploration of a worker's abilities. The documentation submitted reveals the patient's motivation to return to work and that he is at MMI. In this case, additional detailed information, rather than just an extrapolation based on the physician's assessment on the patient's capabilities, would be beneficial due to his traumatic injury. The request for a functional capacity evaluation is medically necessary.