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| <b>Case Number:</b>   | CM13-0061236 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/16/2013 |
| <b>Decision Date:</b> | 05/12/2014   | <b>UR Denial Date:</b>       | 11/11/2013 |
| <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 and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 50-year-old male who reported an injury on 08/16/2013. The mechanism of injury was not provided in the medical records. The injured worker reported right knee pain. Physical examination revealed decreased sensation to the left lower extremity. A Positive McMurray's test and positive crepitus were noted. A motor strength of 4/5 was noted to the quadriceps and hamstring. Deep tendon reflexes of the bilateral lower extremities were noted to be 2+. The injured worker was diagnosed with other chronic pain and strains/sprains unspecified. Diagnostic studies and past medical treatment was not included in the medical records. On 10/30/2013, a request for Functional Capacity Evaluation was made; the rationale for the requested treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A FUNCTIONAL CAPACITY 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 (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** ACOEM states 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. The Official Disability Guidelines further state, Functional Capacity Evaluations are appropriate when a worker has had prior unsuccessful attempts to return to work or has conflicting medical reports; when the injured worker has an injury that requires a detailed exploration of the worker's ability; a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation submitted for review indicated the injured worker's treatment included NCV/EMG of the bilateral lower extremities and an x-ray of the right knee. Further treatment included physical therapy. The guidelines state, Functional Capacity Evaluations is appropriate when a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified; the documentation failed to provide evidence that the injured worker was close to maximum medical improvement. The documentation also failed to provide evidence of previous attempts to return to work. Therefore, the request is not supported. Given the above, the request for a Functional Capacity Evaluation is non-certified.