

<b>Case Number:</b>	CM13-0063342		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/14/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 45-year-old male with a 3/14/11 date of injury, status post medial meniscectomy. At the time (11/11/13) of request for authorization for Functional Capacity Evaluation, there is documentation of objective (lumbar spine mild to moderate spasms and tenderness, decreased range of motion; mild tenderness to palpation of the bilateral lumbosacral joints, sacroiliac joints, positive straight leg raise, 4/5 weakness of right knee extension, right ankle dorsiflexion, and right first toe extension, decreased sensation to the right lateral leg) findings, current diagnoses (knee sprain/strain and lumbar sprain/strain), and treatment to date (HEP-Home Exercise Program, chiropractic, and activity modification). 9/25/13 medical report identified that the patient has reached a point of maximal medical improvement in regards to the lumbar spine. There is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW (Return to Work) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and that additional/secondary conditions have been clarified.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , 2nd Edition, Occupational Medicine

Practice Guidelines, Reed Group and ODG-TWC, 2nd /9th Editions, Disability Duration Guidelines.

**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) , Independent Medical Examinations And Consultations, page 137, 138 and Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW (Return to Work) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at Maximum Medical Improvement -MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of knee sprain/strain and lumbar sprain/strain. In addition, there is documentation that timing is appropriate (at MMI). However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and that additional/secondary conditions have been clarified. Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation is not medically necessary.