

<b>Case Number:</b>	CM13-0065126		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 injured worker is a 31-year-old male who reported an injury on 03/27/2012. The mechanism of injury was not provided. On 09/11/2013, the injured worker presented with anxiety, depression, crying episodes, feelings that life is not worth living, varied sleep patterns, increased weight and appetite, panic attacks, lack of sexual activity due to interest, and low sociability. Upon examination, the injured worker was slightly less tense and depressed, with transient smiling. The injured worker's mood was still anxious and depressive. The diagnoses were major depression, moderately severe; and panic disorder without agoraphobia. Prior treatment includes medications. The provider recommended a Functional Capacity Evaluation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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 Guidelines, Chapter 7, pages 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluation.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. This can best be done by ordering a Functional Capacity Evaluation of the injured worker. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended prior to admission to a work hardening program, with preference for assessment tailored to a specific job or task. Functional Capacity Evaluation is not recommended for routine use. Considerations in regards to a Functional Capacity Evaluation include prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified jobs, injuries that require detailed exploration of the injured worker's abilities, and additional secondary conditions are clarified. The documentation lacked evidence of the injured worker's prior unsuccessful return to work attempts. Current physical examination findings of the injured worker's deficits were not provided in the included medical documents. There was no indication that the injured worker has made an attempt to return to work. As such, the request is not medically necessary.