

Case Number:	CM14-0003589		
Date Assigned:	02/03/2014	Date of Injury:	02/29/2012
Decision Date:	06/02/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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, 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 71 year old retired male teacher who sustained an industrial injury on 2/28/12. His diagnoses include lumbar spine discopathy, right hip sprain, right knee internal derangement. there is a request for an FCE lumbar and right hip. A 1/31/13 document states that the patient is retired. A 3/4/13 document states that the patient may work with restrictions. A 12/16/13 primary treating physician document states that the patient has intermittent moderate low back pain radiating to the bilateral legs, with numbness and tingling of the bilateral thighs. Patient also continues to report of intermittent moderate right knee pain. On physical examination of the lumbar spine, there is tenderness to palpation about the lumbar paravertebral musculature. There is restricted range of motion due to complaints of pain. There is a positive straight leg raising test on the right. The examination of the right knee reveals tenderness to palpation about the medial and lateral joint line. There is restricted range of motion due to complaints of pain. A 12/17/13 document requests acupuncture and an FCE. An MRI from May 2012 reveals chondromalacia, a tear in the meniscus, and degenerative changes on the right knee. A lumbar MRI from April 2012 reveals multiple areas of degenerative disc disease, disc bulging and stenosis. The patient had hip x-rays in March 2012 which revealed mild degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION (FCE), LUMBAR & RIGHT HIP
(FUNCTIONAL CAPACITY EVALUATION TEST): Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21.

Decision rationale: FCE (lumbar and right hip) functional capacity evaluation is not medically necessary per the MTUS and ODG guidelines. The ACOEM MTUS guidelines state that one can consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The ODG state that an FCE can be considered if case management is hampered by complex issues such as 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, the patient is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. The FCE states that an FCR is not appropriate if the sole 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 is not clear on why this FCE is needed. There is a document that indicates that patient has retired. There is no evidence of complex issues listed above or that a detailed exploration of the worker's abilities is needed. The request for FCE (lumbar and right hip) is not medically necessary.