

<b>Case Number:</b>	CM14-0006612		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada. 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 52 year old female whose date of injury is 06/16/2010 when she tripped and fell landing on her knees. She complained of pain to the bilateral knees, neck and shoulders. The injured worker has been treated with physical therapy and medications. Medications include Terocin lotion and Norco. Examination on 12/02/13 reported the injured worker to be well nourished, well developed and well groomed. There is moderate effusion of the right knee with crepitus noted; tenderness to palpation in the medial joint line; trigger points palpated in the gluteus maximus, quadratus lumborum, and lumbosacral region bilaterally. Manual motor testing revealed 4/5 left and right elbow flexion; 4/5 left knee flexion, 3/5 right knee flexion; 5/5 left ankle dorsiflexion, 4-/5 right ankle flexion. Paresthesia to light touch was noted in the lateral leg. Reflexes were 2+ at the bilateral knees and ankles. SI joint compression test was positive. McMurray's test was positive at the right knee. Slump test was positive. Gait was antalgic on the right. Diagnoses included lumbar sprain/strain; lumbosacral neuritis or radiculitis; right knee internal derangement; lateral and medial meniscus tear; bicipital tenosynovitis; shoulder impingement and rotator cuff syndrome. The injured worker was recommended to undergo interdisciplinary evaluation, including functional capacity evaluation, to determine if the injured worker is a candidate for functional restoration program.

### 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 American College Of Occupational and Environmental Medicine, 2nd Edition: Chapter 7; Independent Medical Examinations and Consultations and Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation.

**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) Chapter 7 Independent Medical Examinations and Consultations and Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation.

**Decision rationale:** Functional capacity evaluation (FCE) may be recommended prior to admission to a work hardening program as both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making. It appears that the injured worker in this case was being considered for a possible multidisciplinary functional restoration program; however, it was determined that initial interdisciplinary evaluation was not indicated as medically necessary. The records do not indicate if the injured worker has a specific job to return to, or if all lower levels of care have been exhausted. Based on the clinical information provided, the proposed FCE (Functional Capacity Evaluation) to obtain baseline data as part of the initial interdisciplinary evaluation is not indicated as medically necessary and appropriate.