

<b>Case Number:</b>	CM14-0007142		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2014

### 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 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:

This is a 45-year-old male with a 5/31/13 date of injury to his low back after turning a tank. The patient was seen on 12/13/13 complaining of ongoing low back pain. Exam findings revealed 4+ spasms and tenderness of the lumbar paraspinals from L3 to S1. Kemps', straight leg raise, and Yeoman's tests were positive bilaterally. The Achilles reflex was decreased bilaterally. The L4-S1 dermatomes were decreased bilaterally to sensation and weakness in the myotomes was noted. The patient was noted to be working within duty restrictions. Treatment to date: physical therapy, medications, and work hardening. A UR decision dated 12/26/13 denied the request given medical necessity of computerized range of motion testing intervention was not evident. The request for a FCE was denied given necessary to determine work capability, and no documentation of such has been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**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, page 132-139.

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, the Official Disability Guidelines states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at maximum medical improvement (MMI)/all key medical reports secured), and additional/secondary conditions have been clarified. The patient is not noted to be at MMI, and he was noted to be working with duty restrictions. The rationale for a functional capacity evaluation is unclear. Therefore, the request for a functional capacity evaluation was not medically necessary.

**Range of motion measurement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter, Computerized Range of Motion/Flexibility.

**Decision rationale:** CA MTUS does not address range of motion measurement. Range of motion measurement is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. There is no documentation that the patient requires range of motion computerized testing, nor is this type of testing recommended per Official Disability Guidelines (ODG). Therefore, then request for range of motion measurement was not medically necessary.