

<b>Case Number:</b>	CM14-0008632		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 57-year-old female who reported an injury on 01/20/2010 secondary to a fall. Diagnoses include right knee internal derangement and lumbar spine sprain/strain. The injured worker underwent a left knee arthroscopy and a right elbow ulnar nerve transposition on unspecified dates. According to the medical records submitted for review, she has been treated previously with medications, physical therapy and steroid injections. The injured worker was evaluated on 11/27/2013 and reported pain in the right knee, left knee, right elbow, and lumbar spine. She also reported that her limitations with activities of daily living were primarily due to bilateral knee pain. On physical examination, she was noted to have a right antalgic gait with thoracic spine shifting to the right. Grip strength measurements included 24 pounds on the right and 30 pounds on the left. Examination of the shoulders revealed a positive impingement test on the right. Physical examination of the elbows was noted to reveal limited range of motion with flexion, pronation, and supination, greater on the right than the left. The injured worker was also noted to have decreased lumbar spine and knee range of motion values. The clinical note indicated that the injured worker was not working at that time. She was recommended for physical therapy, chiropractic treatment, home exercises, acupuncture, a work conditioning program, an x-ray and MRI of the right foot and bilateral knees, an EMG/NCV of the all extremities, psychological and pain management evaluations, and a Functional Capacity Evaluation. A computerized Functional Capacity Evaluation was performed on 11/27/2013. This evaluation included range of motion and muscle testing for the spine, upper extremities, and lower extremities. A request for authorization was submitted on 12/22/2013 for a Functional Capacity Evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FCE ( FUNCTIONAL CAPACITY EVALUATION) COMPUTERIZED RANGE OF MOTION AND MUSCLE TESTING:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM Practice Guidelines may recommend a functional assessment tool such as a functional capacity exam to determine the injured worker's current state of functional ability in the management of delayed recovery in order to frame goals for a functional recovery. More specifically, the Official Disability Guidelines outline criteria for performing a Functional Capacity Evaluation. These guidelines may recommend a Functional Capacity Evaluation prior to admission to work hardening program, with preference for assessments tailored to a specific task or job. Functional Capacity Evaluations have not been recommended for routine use as part of an occupational rehabilitation or screening. It was noted that the injured worker was recommended for a work conditioning program. There was a lack of documented evidence to indicate that the injured worker is being considered for admission to a work hardening program with assessments tailored to a specific task or job. The clinical notes indicate the injured worker is not currently working. There is a lack of recent evidence to indicate that the injured worker is actively participating in determination of the suitability of a particular job. The guidelines also state that a Functional Capacity Evaluation may be considered if there have been prior unsuccessful returns to work attempts. The medical records submitted for review failed to indicate that the injured worker has had prior unsuccessful return to work attempts. Furthermore, the injured worker underwent a Functional Capacity Evaluation on 11/27/2013. The request for authorization was submitted on 12/22/2013. The documentation submitted for review fails to provide a rationale for an additional Functional Capacity Evaluation. As such, the request for a Functional Capacity Evaluation with computerized range of motion and muscle testing is not medically necessary.