

<b>Case Number:</b>	CM14-0009721		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Management and is licensed to practice in Tennessee. 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 51-year-old male who has submitted a claim for cervical sprain/strain with spondylosis, thoracic spine sprain/strain, lumbar disks protrusion with radiculitis, right knee intrasubstance degeneration, and anxiety associated with an industrial injury date of January 18, 2012. The medical records from 2013 to 2014 were reviewed. the patient complained of headache, and pain at the neck, left shoulder, low back, right hip, and right knee. The pain was aggravated by overhead activities, prolonged standing, prolonged walking, and climbing stairs. The physical examination revealed tenderness at the left paraspinal, left trapezius, left rhomboids, left paralumbar muscles, and right knee. Neurovascular exam and gait were unremarkable. The treatment to date has included cervical and lumbar epidural steroid injection, home exercise program, and medications. The utilization review from January 13, 2014 denied the request for functional capacity evaluation because there was no indication that the patient's status is of maximum medical improvement.

### 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 -MTUS ACOEM, Chapter 7, pages 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 132-139 and Non-MTUS Official Disability Guidelines (ODG) Fitness For Duty Section, Functional Capacity Evaluation.

**Decision rationale:** As stated on pages 132-139 of the California MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, the ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. Failure of return to work attempt is an indication for FCE. In this case, the rationale is to determine physical impairment, and whether it results in functional limitations. The patient remained off work since July 2013 because there were no modified duties available. A progress report from November 25, 2013 cited that patient was capable of working in a modified capacity. However, medical records submitted and reviewed did not provide evidence of return to work attempts. Moreover, there was no job specific description submitted which is recommended by the guidelines. The medical necessity was not established due to insufficient information. Therefore, the request for functional capacity evaluation is not medically necessary.