

<b>Case Number:</b>	CM14-0105587		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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:

The injured worker is a 26-year-old individual with an original date of injury of February 2, 2012. The injured worker has diagnoses of cervical radiculopathy, and shoulder tendinitis, knee pain, lumbar radiculopathy, and wrist pain. The disputed requests are for a functional capacity evaluation and additional physical therapy. An appeal letter on June 26, 2014 documents that the goal of the functional capacity evaluation is to evaluate what the patient is able to do functionally in her job. There is documentation that the patient's job involves prolonged standing and walking as well as continuous fine maneuvering of her hands and fingers. There is also repetitive bending, stooping, squatting, kneeling, twisting, turning, forceful pulling and pushing. The patient is required to lift over 40 pounds at times. She has had benefit from physical therapy in the past, and this has especially helped with her activities of daily living. A utilization review determination had denied the request for functional capacity evaluation stating that there was no documentation of prior unsuccessful return to work attempts. The reviewer also noted that the patient has had extensive physical therapy for this chronic condition and there is no documentation as to why the patient could not continue with rehabilitation on a home exercise program basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation related to trunk and upper extremities, Related to Trunk and Lower Extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**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>, page(s) 137-8 Official Disability Guidelines (ODG) FCE Topic.

**Decision rationale:** The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that 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. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities." Furthermore, the Official Disability Guidelines discuss the complexities of FCE use and include suggested criteria to be met prior to an FCE. The following is an excerpt from the ODG: "Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Therefore, the request is medically necessary."

**Additional 12 Physical Therapy sessions to the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines <Physical Medicine Section> Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Physical Therapy.

**Decision rationale:** The California Medical Treatment and Utilization Schedule recommend tapering of formal physical therapy to self-directed home exercise programs. For most knee

injuries, a full course of physical therapy would comprise of approximately 10 sessions of PT. The patient has already had documentation of 8 sessions of physical therapy, and the current request is for 12 additional sessions. Despite documentation of functional improvement, the patient does not warrant an additional full course of physical therapy. Since the independent medical review process cannot modify requests, the request as stated is not medically necessary.