

<b>Case Number:</b>	CM14-0013985		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 61-year-old male patient with a 4/3/12 date of injury. 2/6/14 progress report indicates assistant pain and numbness in the bilateral knees. Physical exam demonstrates tenderness over the bilateral patellar and medial and lateral joint lines. There is positive crepitus. Medical records from 2013 and 2014 were reviewed, indicating persistently unchanged pain complaints. Treatment to date has included medication, activity modification, home exercise program, bilateral wrist braces. There is documentation of a previous 1/10/14 adverse determination because the patient had received to a prior FCE's (Functional Capacity Evaluation) with no interval physical therapy/treatment and no intent of admission to a work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 FUNCTIONAL CAPACITY EVALUATION WITH REPORT: 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) (Fitness for Duty Chapter), FCE.

**Decision rationale:** ACOEM Guidelines states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful 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 MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. It is also established that the patient has undergone two previous FCE's with no documented interval treatment since the last FCE. Therefore, the request for Functional Capacity Evaluation with report was not medically necessary.