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| <b>Case Number:</b>   | CM14-0154681 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 09/22/2010 |
| <b>Decision Date:</b> | 10/27/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 38-year-old with a reported date of injury of September 22, 2010. The patient has the diagnoses of pain in limb and sprain/strain of the knee. Per the progress notes provided by the primary treating physician dated May 28, 2014, the patient had complaints of continuing chronic left knee pain. The physical exam noted pain with flexion and extension of the knee and medial and lateral joint line tenderness. The treatment recommendations included request for functional capacity evaluation to systemically document his current physical disabilities and be utilized in preparation of permanent and stationary report to furnish the patient with AMA impairment ratings. The patient was to continue modified work duties.

### 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 Official disability Guidelines- Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation functional capacity evaluation (FCE),

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. According to the ODG, functional capacity evaluations (FCE) are

recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE1. Case management is hampered by complex issues such as:

- a. Prior unsuccessful RTW attempts
- b. Conflicting medical reporting on precaution and/or fitness for modified job
- c. Injuries that require detailed exploration of the worker's abilities

2. Timing is appropriate

- a. Close or at MMI/all key medical reports secured
- b. Additional/secondary conditions clarified

The patient has already returned to work with modified duties. There is no indication in the progress reports that this was an unsuccessful return. There are no conflicting medical reports on precautions and/or fitness for modified job. The reasons the FCE was requested per the primary treating physician do not meet ODG guidelines as set forth above. Therefore the request for an FCE is not medically necessary or appropriate.