

<b>Case Number:</b>	CM14-0157243		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with date of injury of 03/15/2014. The listed diagnoses per [REDACTED] from 08/11/2014 are: 1. Lumbar sprain/strain. 2. Left knee sprain/strain. According to this report, the patient complains of slight persistent severe pain, stiffness, and soreness of the lower back. The pain radiates to the bilateral legs, left greater than the right with weakness, tingling, and numbness to the left lower extremities. She reports left hip, left buttock, and left lower extremity pain, weakness, soreness, and tired sensations. The examination show mild tenderness to palpation of the lumbar paravertebral muscles and bilateral sacroiliac joints. Mild spasm along the lower quadratus lumborum muscles and gluteus. There is left knee pain with squatting. Patellofemoral pain and mild crepitation on range of motion in the left knee. Tenderness along the medial joint line of the left knee was noted. The utilization review denied the request on 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7

Independent Medical Evaluations and Consultations AND Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 137-139.

**Decision rationale:** This patient presents with severe low back pain. The treater is requesting an initial functional capacity evaluation. The ACOEM Guidelines page 137 to 139 on functional capacity evaluations states that functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship before return to work. In addition, ACOEM states, "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; and FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of the 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 correct work capability and restrictions." The treater notes on 08/11/2014 report, "It is very important for the PTP or QME/AME to recognize that the assessment of the ADLs start at the beginning of the treatment plan with ACOEM, regularly assessed ADLs throughout treatment, as opposed to having the ADLs assessed for the first time at the MMI." There is no evidence that FCEs adequately determine the patient's capacity or ability to work. Routine FCEs are not recommended, unless asked by a claims administrator, employer or considered to be crucial. Recommendation is for denial.