

<b>Case Number:</b>	CM14-0035534		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Anesthesia has a subspecialty in Acupuncture & 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:

This is a 47 year old male injured worker with date of injury 4/21/11 with related lumbar, thoracic, and cervical spine pain, and bilateral knee pain. Per the 3/18/14 note, lumbar pain was described as sharp. The pain was aggravated by lifting, sitting, walking, standing and bending forward at the waist. The patient reported that the pain and numbness radiated into his lower extremities. Thoracic pain was described as sharp. This pain was aggravated by lifting, sitting, standing and walking. Cervical spine pain was described as dull. The pain was made worse by turning and twisting. Bilateral knee pain was described as sharp, aching and popping. The pain was increased with walking and standing. Imaging studies are not available in the documentation for review. The submitted documentation does not specify what treatments were rendered. The date of UR decision was 3/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualified Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2013/ Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

**Decision rationale:** The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the employee has had prior unsuccessful return to work attempts, that the employee requires a modification for return to work, or that the employee has additional injuries which require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary. The documentation submitted for review suggest that the injured worker was scheduled for permanent and stationary evaluation on 3/21/14, and thus FCE was needed prior to evaluating his MMI status, however, this does not meet guideline criteria. Medical necessity cannot be affirmed.