

<b>Case Number:</b>	CM14-0044770		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 59-year-old female with a date of injury of 10/08/2012. According to progress report 03/21/2014 by [REDACTED], the patient presents with continued complaints of bilateral knee pain, left greater than right with muscle spasms in the back. The patient describes her pain as aching, sharp, stabbing, burning, shooting, nagging, severe, and radiating. She rates her pain 8/10 on a pain scale. The patient's medication regimen includes ketoprofen powder, amitriptyline HCL 25 mg, Lidoderm 5% patch, cyclobenzaprine 7.5 mg. The physician is requesting a functional capacity evaluation to determine if the patient is a candidate for the Functional Restoration Program. Utilization review denied the request on 04/11/2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM , Chapter 7, page 137,139.

**Decision rationale:** This patient presents with continued complaints of bilateral knee pain, left greater than right with muscle spasms in the back. The physician is requesting a functional capacity evaluation to determine if the patient is a candidate for the Functional Restoration Program. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Therefore, the request for functional capacity evaluation is not medically necessary and appropriate.