

<b>Case Number:</b>	CM14-0053842		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 46 year old male with an original date of injury on 1/20/2014. The patient was rear ended by another truck while working as a truck driver. He sustained head trauma, whiplash, left shoulder injury, and contusion to bilateral knees. The patient's industrially related diagnoses include lumbar strain with radiculitis, cervical spine strain with radiculitis, and bilateral knee contusion. A progress note on 2/13/2014 noted the patient has not reached permanent and stationary status and is in need of ongoing care for the purpose of curing or relieving from his work-related injuries. The disputed issue is a baseline functional capacity evaluation to determine functional deficits in order to monitor any progress with treatment plan. A utilization review determination on 4/2/2014 had noncertified this request. The stated rationale for the denial was "based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for baseline functional capacity evaluation was denied."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baseline functional capacity evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM chapter 7, pages 132-139

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Functional Capacity Evaluation, page(s) 137-138

**Decision rationale:** The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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. 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 current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities." In the case of this injured worker, the utilization reviewer had noncertified the request for functional capacity evaluation. The ACOEM guidelines specify that if the treating health practitioner feels that the functional capacity evaluation is "crucial" then it should be carried through. The worker in this case has continued pain and functional limitation, which suggests a likely mismatch between current functional ability and the physical requirements of the job. There is reasonable concern regarding the worker's ability to return to the job, and this request is medically necessary.