

<b>Case Number:</b>	CM14-0059670		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational 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 54-year-old female with a 1/24/12 date of injury. She tripped over her foot, twisted to grab a desk to prevent from falling, and injured her back and both knees. The patient was seen on 3/3/14 for evaluation. The note stated that the patient was still employed and was currently working her usual and customary duties as of 3/3/14. She complained of frequent 3/10 lower back pain and frequent 5/10 pain in her both knees. The physical examination of the lumbar spine revealed 5-10 degrees decrease in range of motion in all planes. The range of motion in the knees was normal except minimal decrease in the flexion in the left knee. The request for Functional Capacity Evaluation (FCE) was noted to determine the patient's functional capabilities and possible work restrictions. It was stated that the patient was able to return to work her usual and customary duties with self-limited restrictions. The patient was seen on 3/10/14 with complaints of 3-4/10 pain in the left knee and low back. The patient reported moderate difficulties with her activities of daily living (ADLs) due to pain. Exam findings revealed tenderness along lumbar paraspinal muscles and bilateral SI joints, left knee and left patellar tendon. The range of motion in the lumbar spine was decreased. The patient was slightly limping on the left side and had decreased sensation in the L4-L5 dermatomes. It was noted that the patient had good rehab potential and it was recommended to continue physical therapy. The diagnosis is lumbar sprain/strain and left knee contusion with patellofemoral chondromalacia. Treatment to date has been work restrictions, a knee brace, medications, home exercise program and 26 sessions of physical therapy.

### 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 (ODG).

**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 Independent Medical Examinations and Consultations (page 132-139); Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

**Decision rationale:** The ACOEM states that there is little scientific evidence confirming that Functional Capacity Evaluations (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. In addition, the Official Disability Guidelines state that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (close to or at maximum medical improvement/all key medical reports secured), and additional/secondary conditions have been clarified. The progress note dated 3/3/14 stated that the patient was still employed and was currently working her usual and customary duties. It is not clear why the patient needs an FCE as the most recent progress note stated that she was working her usual customary duties. Although, the progress note indicates that she has self-imposed work restrictions, it is unclear what these restrictions are. In addition, the requesting physician requested the FCE to determine the patient's functional capabilities and possible work restrictions, even though she was already working. The guidelines indicate not to proceed with FCE if the sole purpose is to determine a worker's effort or compliance. The rationale for the request is not clear. Therefore, the request is not medically necessary.