

<b>Case Number:</b>	CM14-0064021		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male with a work injury to his low back dated 9/24/12. The diagnoses include degenerative disc disease, lumbar spine, without radiculopathy, chronic and recurrent lumbosacral strain, and an ACL tear, unrelated, status post right knee arthroscopy with partial medial and lateral meniscectomies. Under consideration is a request for a FCE (Functional Capacity Evaluation) between 11/19/2013 and 6/1/2014. There is a 4/28/14 appeal for the denial of the FCE. The appeal states that the goal of this FCE is to assess current work capability. Per a 3/14/14 AME The patient has been off work, since September 2012 from his former job as a locksmith, slightly over a year. His back is no better but it is no worse. He has been treated by with a transcutaneous electrical nerve stimulation (TENS) unit and an ointment for his back. He has had an MRI of the lumbar spine. He indicates that he has had a permanent and stationary evaluation by his physician a few weeks prior. He is now employed at a steakhouse part-time as a chef as of July or August 2013, and full-time since September or October 2013. This does not involve much lifting. He is a line cook and can stand, which is his least painful position, without any trouble. He does not have to carry stock pots or any supplies. He denies any subsequent injuries. One exam gait was normal. He was able to walk on his heels and toes. There was diminution of normal lumbar lordosis but no obvious spasm and no step-off. Deep tendon reflexes were 2+ and symmetrical for the knees and ankle. Motor examination was normal to manual motor testing. Sensation was intact to pinprick. Straight leg raising was negative with the patient seated and supine. Lasegue's, crossed straight leg raising, and FABERE were negative. He was performing his work with restrictions and could return to performing said work as a locksmith with the restrictions but appropriately has not been released to return to his prior occupation.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **FCE (Functional Capacity Evaluation) Between 11/19/2013 And 6/1/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation.

**Decision rationale:** The MTUS ACOEM guidelines state that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that an FCE can be considered if case management is hampered by complex issues. The ODG states that it is not appropriate to perform an FCE if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation does not indicate complex case management issues. The appeal indicates that the FCE was requested to assess the patient's current work capability. The documentation indicates that the patient is able to perform his current job as a chef since July 2013 without any major issues. The ODG states that it is not appropriate to perform an FCE if the sole purpose is to determine a worker's effort or compliance. The request for an FCE (Functional Capacity Evaluation) is not medically necessary.