

<b>Case Number:</b>	CM14-0074300		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Preventative 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:

According to the records made available for review, this is a 52-year-old male with a 2/15/12 date of injury, and status post knee surgery 2012 and 2013. At the time (4/25/14) of request for authorization for final FCE, there is documentation of subjective (left shoulder pain, pain that radiates to the left arm, elbow, and fingers, with numbness and tingling; low back pain; bilateral knee pain; pain that radiates to the bilateral hips) and objective (limited left shoulder range of motion due to pain, positive straight leg raise bilaterally at L5 nerve distribution, limited lumbar spine range of motion due to pain, pain with knee range of motion) findings, current diagnoses (left shoulder rotator cuff tendonitis, left shoulder sprain/strain, wrist sprain unspecified, hand sprain unspecified, lumbar spine sprain/strain, bilateral knee meniscus tear, and left knee chondromalacia of patella), and treatment to date (physical therapy, activity modification, medications, and viscosupplementation). 4/1/14 medical report identifies that the patient is pending an MRI of the lumbar spine, and orthopedic surgical evaluation for bilateral knee and left shoulder. There is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); that timing is appropriate (Close to or at MMI/all key medical reports secured), and that additional/secondary conditions have been clarified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FINAL FCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 51.

**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) Independent Medical Examinations and Consultations, page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of shoulder rotator cuff tendonitis, left shoulder sprain/strain, wrist sprain unspecified, hand sprain unspecified, lumbar spine sprain/strain, bilateral knee meniscus tear, and left knee chondromalacia of patella. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); that timing is appropriate (Close to or at MMI/all key medical reports secured), and that additional/secondary conditions have been clarified. Therefore, based on guidelines and a review of the evidence, the request for final FCE is not medically necessary.