

<b>Case Number:</b>	CM14-0075450		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 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 51-year-old female who reported an injury on 09/26/2010. The mechanism of injury was not provided. On 03/06/2014, the injured worker presented with bilateral knee pain, low back pain, cervical spine pain, and stress and anxiety. Upon examination, cervical spine range of motion noted 40 degrees of flexion, 50 degrees of extension, 30 degrees of left lateral flexion, 30 degrees of right lateral flexion, 70 degrees of left rotation, and 70 degrees of right rotation. There was a positive bilateral paravertebral and upper trapezius muscle spasm. There was a positive bilateral maximal foraminal compression test noted. Examination of the lumbar spine noted lumbar range of motion values of 60 degrees of flexion, 10 degrees of extension, 20 degrees of left lateral flexion, 20 degrees of right lateral flexion, 20 degrees of left rotation, and 20 degrees of right rotation. Positive bilateral straight leg noted. Examination of the bilateral knees noted pain and tenderness to palpation to the bilateral medial joint space, lateral joint space, superior aspect of the patella, and inferior aspect of the patella. There was a positive bilateral valgus stress test noted, and a positive left sided McMurray's, posterior drawer, and anterior drawer. The diagnoses were left knee postoperative internal derangement, right knee, musculoligamentous injury, lumbar spine herniated nucleus pulposus, cervical spine myoligamentous injury, and hypertension. Prior therapy included medications and physical therapy. The provider recommended a functional restoration program evaluation. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program 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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for a Functional restoration program evaluation is not medically necessary. The California MTUS/ACOEM guidelines state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program, with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. Additionally, there was a lack of documentation of other treatments the injured worker underwent previously, the measurement of progress, as well as the efficacy of the prior treatments. The provider's rationale for the request was not provided within the medical documents for review. As such, medical necessity has not been established.