

<b>Case Number:</b>	CM14-0120233		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family Practice 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 52 year old female patient who sustained a work related injury on 3/3/14. Patient sustained the injury when the patient was walking into an office and fell down to the ground landing on the right knee and right elbow. The current diagnoses include right tennis elbow, sprain of the cervical and lumbar region and sprain of the right knee. Per the doctor's note dated 6/17/14, patient has complaints of constant moderate to severe neck pain, pain radiates to the bilateral shoulder blades and down to the upper back with numbness in the hands and fingers; moderate to severe lower back pain; moderate to severe pain in the right elbow; moderate pain in the right knee and severe pain in the right ankle. Physical examination of the cervical spine revealed limited range of motion, and normal sensory and motor examination. Physical examination of the lumbar spine revealed limited range of motion, and normal sensory and motor examination, normal gait, muscle spasm, positive SLR. The patient has had FCE on 7/2/14 that recommended return to work full time with restrictions. The current medication list includes Trazodone and ibuprofen. The patient has had X-rays of the cervical and lumbar spine and right knee that revealed degenerative changes; X-ray of the right elbow with normal findings and Diagnostic imaging reports were not specified in the records provided. The patient's surgical histories include Surgery to both eyes in 2009 and 2013. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of chiropractic visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for right elbow, cervical spine, lumbar spine, right knee and right ankle: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7 Independent Medical Examinations and Consultations: FCE - Functional Capacity Evaluations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 9/23/14) Functional capacity evaluation (FCE).

**Decision rationale:** MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if case management is hampered by complex issues such as, prior unsuccessful Return to Work (RTW) attempts. There was conflicting medical reporting on precautions and/or fitness for modified job. There were injuries that require detailed exploration of a worker's abilities. The timing is appropriate. Close or at MMI/all key medical reports were secured. Additional/secondary conditions were clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Any criteria listed in the guidelines that would require a FCE was not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance." The patient has received an unspecified number of chiropractic visits for this injury. The records submitted contain no accompanying current Physical Therapy (PT) evaluation for this patient. Response to conservative therapy including Physical Therapy (PT) was not specified in the records provided. The request for Initial Functional Capacity Assessment is not fully established for this patient.