

<b>Case Number:</b>	CM14-0160097		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Medicine and is licensed to practice in North Carolina. 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 39-year-old with a reported date of injury of 04/28/2009-12/16/2011. The patient has the diagnoses of right shoulder impingement, right shoulder acromioclavicular joint arthrosis, right shoulder rotator cuff partial thickness tear, right shoulder bursitis, right knee pain and dysfunction, right knee chondromalacia, left knee pain, left knee medial meniscal tear and left knee chondromalacia. Per the most recent progress notes provided for review from the treating physician dated 07/02/2014 the patient had complaints of left knee pain, right knee pain and right shoulder pain. The physical exam showed positive Speed's and impingement tests of the right shoulder with pain and weakness of external rotation. The right knee exam showed tender patellar facets and joint lines and appositive McMurray test and compression test. The left knee showed tender patellar facets and joint lines and positive McMurray test. Treatment recommendations included left arthroscopy, right shoulder arthroscopic surgery and steroid injection and /or Synvisc injections for the right knee. The primary treating physician report dated 07/01/2014 recommended physical therapy and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation

**Decision rationale:** The California MTUS and the ACOEM do not specifically address Functional Capacity Evaluations. Per the ODG, Functional Capacity Evaluations (FCE) is recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE1. Case management is hampered by complex issues such as:

- a. Prior unsuccessful RTW attempts
- b. Conflicting medical reporting on precaution and/or fitness for modified jobs
- c. Injuries that require detailed exploration of the worker's abilities

2. Timing is appropriate

- a. Close or at MMI/all key medical reports secured
- b. Additional/secondary conditions clarified

There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.