

<b>Case Number:</b>	CM14-0189467		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational 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:

The patient is a 74 year-old male with date of injury 03/22/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/26/2014, lists subjective complaints as pain in the neck, low back and right knee. Objective findings: Examination of the right knee revealed tenderness to palpation of the medial and lateral joint lines. Range of motion was flexion 135 degrees and extension 0 degrees. Knee muscle strength was within normal limits. McMurray's test was normal. No physical examination was documented by provider for the cervical or lumbar spine. Diagnosis: 1. Tibial loosening 2. Lumbar radiculopathy 3. Spinal stenosis at L3-4 and L4-5. Patient has completed 18 physical therapy sessions for the right knee, cervical, and lumbar spine to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baseline Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137

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

**Decision rationale:** The Official Disability Guidelines state that a functional capacity evaluation is appropriate if case management is hampered by complex issues, and the timing is appropriate; such as, if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Baseline Functional Capacity Evaluation is not medically necessary.

**Progressive Work Hardening Program, 10 4 hour sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 125-126.

**Decision rationale:** Per MTUS, the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. There is no documentation in the medical record that the patient underwent the above screening. Progressive Work Hardening Program, 10 4 hour sessions is not medically necessary.