

<b>Case Number:</b>	CM14-0191743		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old female with an injury date of 07/08/14. Per the 09/22/14 report the patient presents status post ORIF tibial plateau fracture (07/10/14) and is doing markedly better yet still fears to put weight on the left leg. She also presents with intermittent headaches and dizziness post fall and striking head (date unknown). The patient uses a walker and has an antalgic gait. Examination of the left knee shows positive varus valgus laxity and mild valgus instability from the fracture itself compared to the right knee. The patient's diagnoses include: 1. Left knee s/p open reduction internal fixation tibial plateau fracture, 2. Head injury. The 07/10/14 operative report ORIF left tibial plateau is included. The utilization review being challenged is dated 10/15/14. The rationale is that ODG recommends prior to a work hardening program and evaluation is not for screening or to determine if someone can generally do a job. Reports were provided from 07/10/14 to 09/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 functional capacity assessment:** Upheld

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

**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) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

**Decision rationale:** The patient presents status post left knee open reduction ORIF tibial plateau fracture (07/10/14) with weight bearing complaints on the left knee along with headaches and dizziness status post head injury (date unknown). The treater requests for FUNCTIONAL CAPACITY ASSESSMENT per 09/22/14 report and 10/13/14 Request for Authorization. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." On 09/22/14 the treater states, "She will return back to semi sedentary work and hopefully to full duty within the next month to two months. She will obtain a Functional Capacity Evaluation to determine her true impairment rating based on the activities of daily living and physical capacities...." The report also notes the treater is requesting for a Neurology consult due to the patient's head injury. There is no evidence in the reports provided that the employer or claim administrator has requested the evaluation. The treater does not explain why the request is crucial. The treater states the patient is to return to modified duties and there is no evidence that the employer is concerned at this time about the patient's eventual return to full duty. FCE's cannot predict a patient's actual capacity. In this case, the request is not medically necessary.