

<b>Case Number:</b>	CM14-0199839		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/19/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab 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 53 year old male with date of injury 1/19/08. The treating physician report dated 10/17/14 (14) indicates that the patient presents with pain affecting the low back, neck, bilateral knees and bilateral shoulders. The physical examination findings reveal limited and painful ROM of the lumbar spine with palpable spasms of the paralumbar musculature bilaterally. Prior treatment history includes MRI, medication and chiropractic. MRI findings reveal diffuse spondylosis with areas of NF narrowing, disc desiccation, disc bulge and mild degenerative facet arthrosis and mild impression upon the thecal sac. The current diagnoses are: 1.Disc protrusion/bulge/HNP2.Cervical stenosis3.Upper/lower extremity pain4.Tenosynovitis tendonitis5.Sprain, strain shoulderThe utilization review report dated 10/30/14 denied the request for a functional capacity evaluation based on no reasoning given that functional evaluation testing would be necessary or helpful for this patient.

### 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 cite any medical evidence for its decision.

**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) Chapter 7 P. 137, Functional Capacity Evaluation.

**Decision rationale:** The patient presents with pain in the low back, neck, bilateral knees and bilateral shoulders. The current request is for functional capacity evaluation. The treating physician states that the lumbar spine is feeling worse but otherwise the patient's subjective complaints have not changed. The ACOEM guidelines state, "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." In this case, the treating physician states, "Authorization is requested for a Functional Capacity Evaluation to determine the patient's degree of functionality prior to considering him Permanent and Stationary." There is no documentation provided that indicates why FCE is crucial. The FCE is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace and ACOEM states that the examiner is responsible for determining whether the impairment results in functional limitations. The current request for FCE is not medically necessary.