

<b>Case Number:</b>	CM14-0199953		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/21/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 28-year-old male who reported an injury on 10/08/2014. The mechanism of injury was not provided. On 11/05/2014, the injured worker presented for a followup. The diagnoses were ankle/foot pain and fixation of the ankle closed. Upon examination, the range of motion values for the lower extremity revealed 90 degrees of knee flexion and 0 degrees of extension left and 137 degrees of knee flexion and 0 degrees of extension on the right. The final whole person impairment was 4%. The provider recommend a Functional Capacity Evaluation. There was no rationale provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139; Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for a Functional Capacity Evaluation was not medically necessary. The California MTUS Guidelines state a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended to be used prior to admission to a work hardening program. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of how Functional Capacity Evaluation will aid the provider in an evolving plan or goals. There was also lack of documentation of other treatments the injured worker underwent and the efficacy of those treatments. As such, medical necessity has not been established.