

<b>Case Number:</b>	CM14-0212481		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male with a 7/30/2013 date of injury. He slipped on a roof and landed on his buttocks. A progress report dated 10/22/14 noted subjective complaints of coccyx pain radiating to the right leg, along with right hip, thigh, and foot pain. Objective findings included pain with range of motion of the right knee, ankle, and foot. Diagnostic Impression: lumbar radiculopathy, lumbar facet syndrome, ankle sprain/strain  
Treatment to Date: medication management, lumbar facet injections  
A UR decision dated 11/25/14 denied the request for functional capacity evaluation for right leg and foot. FCE is considered if there is prior unsuccessful return to work attempts and the patient is close to maximum medical improvement. However there was no documentation that either of these criteria had been met. Therefore, the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation, Right Leg/Right Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 132-139.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation

**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 Chapter, FCE. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page(s) 132-139.

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the documents available for review, there is no documentation of any prior unsuccessful RTW attempts or conflicting medical reports. Additionally, there is documentation of whether the patient is close to maximum medical improvement. It is unclear how an FCE would be of benefit at this time. Therefore, the request for functional capacity evaluation, right leg/right foot was not medically necessary.