

<b>Case Number:</b>	CM15-0002114		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 & 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 30 year old male, who sustained an industrial injury on 10/24/2014. The diagnoses have included lumbosacral spine musculoligamentous spine strain/sprain with radiculitis, left shoulder strain/sprain, left shoulder tendinitis, left knee strain/sprain and right ankle sprain/strain. Treatment to date has included physical therapy and medications. Per the Doctor's First Report of Occupational Injury or Illness from 11/3/2014, the injured worker complained of low back pain, left shoulder pain and knee pain. Physical exam revealed lumbar spine tenderness to palpation, left shoulder and left knee tenderness to palpation, decreased range of motion and decreased motor strength. The Request for Authorization of 11/3/2014 included physical performance- Functional Capacity Evaluation (FCE). According to the Primary Treating Physician's Progress Report from 11/17/2014, the injured worker complained of pain in the lower back, left shoulder/arm and left knee. His lower back pain was rated 7/10 per the Visual Analog Scale (VAS). Objective findings revealed grade 2-3 tenderness to palpation over the paraspinal muscles and palpable spasm. There was restricted range of motion. Straight leg test was positive bilaterally. There was grade 3 tenderness to palpation in the left shoulder and left arm and grade 4 tenderness to palpation in the left knee. He was prescribed a right ankle support. Work status was temporarily totally disabled. On 12/22/2014, Utilization Review (UR) non-certified a request for a Functional Capacity Evaluation, noting that there was no documentation of other treatment provided. The MTUS was cited.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening program admission FCE Page(s): 125-126.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, has the following regarding functional capacity evaluations

**Decision rationale:** This patient presents with lower back pain, left shoulder pain, and knee pain. The treater has asked for FUNCTIONAL CAPACITY EVALUATION on 11/3/14 'to ensure this patient can safely meet the physical demands of their occupation.' Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. There is no description of the job to determine why the physical demands would be potentially unsafe and how information from FCE is crucial for the patient's return to work. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.