

<b>Case Number:</b>	CM15-0008888		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 44 year old female, who sustained an industrial injury on July 15, 2010. She has reported neck and back pain. The diagnoses have included right knee sprain/strain, thoracic spine compression fracture, radiculopathy, lumbar sprain/strain, lumbago and cervicalgia. Treatment to date has included epidural steroid injection, electromyogram, nerve conduction velocity (NCV), magnetic resonance imaging (MRI) and oral medications. Currently, the Injured Worker complains of bilateral knee, neck and back pain. Treatment includes magnetic resonance imaging (MRI), ultrasound guided injection and oral medication. On December 22, 2014 utilization review non-certified a request for functional capacity evaluation. The American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

### 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 Guidelines, pages 137-138 and

Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty: Functional Capacity Evaluations

**Decision rationale:** Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: 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. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: -The sole purpose is to determine a worker's effort or compliance. -The worker has returned to work and an ergonomic assessment has not been arranged. In this case there is no documentation that the patient is near maximal medical improvement or that she has failed attempts at return to work. There is no indication for a functional capacity evaluation. The request should not be authorized.