

<b>Case Number:</b>	CM15-0120553		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/17/1999
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 57 year old male, who sustained an industrial injury on 03-17-1999. The injured worker is currently temporarily totally disabled per 04-20-2015 progress note. Medical records indicated that the injured worker is undergoing treatment for tear of medial and lateral meniscus, olecranon bursitis, lumbar spinal stenosis, lower leg osteoarthritis, thoracic-lumbar neuritis-radiculitis, shoulder adhesive capsulitis, chronic pain syndrome, and anxiety. Treatment and diagnostics to date has included home exercise program, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Medications as of 05-20-2015 included Cymbalta, Motrin, Percocet, Valium, and Zanaflex. After review of progress notes dated 04-20-2015 and 05-20-2015, the injured worker reported lumbar spine, left knee, bilateral hand, bilateral elbow, and left shoulder pain. Objective findings included lumbar, right shoulder, and left hand tenderness. The request for authorization dated 05-26-2015 requested a functional capacity evaluation. The Utilization Review with a decision date of 05-28-2015 non-certified the request for 1 functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139.

**Decision rationale:** The patient presents with pain in the lower back, left knee, and left elbow. The request is for ONE (1) functional capacity evaluation. Physical examination to the left knee on 06/03/15 revealed tenderness to palpation over the bilateral joint lines. Patient ambulated with a cane and had an antalgic gait. Physical examination to the lumbar spine on 05/20/15 revealed tenderness to palpation at the midline. Range of motion was noted to be limited. Per 06/03/15 progress report, patient's diagnosis include tear med menisc knee cur, tear lat menisc knee cur, olacranon bursitis, spinal stenosis lumbar region, osteoarthritis local prim lower leg, uns thoracic/lumb neuritis/radicul, adhesive capsulitis shoulder, chronic pain syndrome, and anxiety dis in other conditions. Patient's medications, per 05/20/15 progress report include Cymbalta, Motrin, Percocet, Valium, and Zanaflex. Per 04/20/15 progress report, patient is temporarily totally disabled until 06/01/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not specifically mention this request. In this case, the progress reports do not mention a request from the employer or claims administrator. There is no evidence that FCE information is crucial either. There is lack of evidence that these FCE's adequately predict a patient's actual ability to perform at work. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.