

<b>Case Number:</b>	CM15-0136223		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic foot, ankle, and low back pain reportedly associated with an industrial injury of January 18, 2014. In a utilization review report dated June 25, 2015, the claims administrator failed to approve a request for a functional capacity evaluation (FCE). An RFA form received on June 18, 2015 was referenced in the determination, along with an associated progress note dated June 15, 2015. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported multifocal complaints of low back, bilateral knee, and left foot pain. The applicant was placed off of work, on total temporary disability. Additional physical therapy was sought. In a June 18, 2015 progress note, the applicant reported ongoing complaints of leg pain. It was suggested that the applicant had returned to work with restrictions. The applicant was using Motrin and Flexeril, it was noted at this point in time. Naprosyn, tramadol, orthotics, and a foot injection were sought. In a handwritten note dated June 15, 2015, the applicant was returned to regular duty work, despite ongoing complaints of foot pain. An FCE was ordered. Little to no narrative rationale or narrative commentary accompanied the request for the FCE.

### 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 ODG, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the proposed functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment to limitations and/or restrictions and to determine work capability, here, however, the applicant had already returned to regular duty work as of June 15, 2015, the date of the request, effectively obviating the need for the functional capacity evaluation (FCE). The attending provider failed to furnish a clear or compelling rationale for the functional capacity evaluation in question in the face of the applicant's already successful return to regular duty work. Therefore, the request is not medically necessary.