

<b>Case Number:</b>	CM15-0140432		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Pain Management

### 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 64 year old male sustained an industrial injury to the low back, left shoulder, bilateral feet and knees on 6-1-12. Previous treatment included physical therapy, chiropractic therapy, acupuncture, spinal decompression therapy, Anodyne therapy, massage, injections, bracing, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (2-11-13) showed moderate degenerative changes with disc bulge, facet hypertrophy and foraminal narrowing. In a PR-2 dated 3/5/15, the injured worker noted some improvement to bilateral knee pain following recent injections. The injured worker was still having burning sensation to the back of his feet. The injured worker also reported some improvement following Andoyne treatment and that the use of transcutaneous electrical nerve stimulator unit was helpful. In a PR-2 dated 6-8-15, the physician noted that physical exam was remarkable for remained unchanged from prior evaluations. Current diagnoses included residuals of musculoligamentous lumbar spine sprain/strain, neurapraxia of the sensory nerves, plantar aspects of bilateral feet and bilateral knee traumatic arthritis. The physician stated that the injured worker needed an appointment for permanent and stationary evaluation. Prior to being made permanent and stationary, the injured worker needed a functional capacity evaluation to determine his work place capabilities. A request for authorization was submitted for a functional capacity evaluation.

### 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, Chapter 7, pages 137-138.

**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, Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM, Chapter 7, p. 137-138.

**Decision rationale:** Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Given this, the currently requested functional capacity evaluation is not medically necessary.