

<b>Case Number:</b>	CM15-0166761		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/21/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 67 year old male, who sustained an industrial injury on 5-21-2015. He reported pain in the low back, left leg, left knee and left foot from heavy lifting activity. Diagnoses include lumbosacral sprain-strain, sacroiliac joint sprain, rule out lumbar disc protrusion, and radiculitis. Treatments to date include activity modification, physical therapy, chiropractic therapy, and medication therapy. Currently, he complained of low back pain with radiation to left lower extremity associated with numbness and tingling. On 7-10-15, the physical examination documented tenderness and muscle spasm to the lumbar muscles and left sacroiliac joint. Kemp's test and straight leg raise tests were positive on the left side. The plan of care included a functional capacity evaluation (FCE). The records submitted for this review included a functional capacity evaluation dated 8-25-15.

### 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 Medical Treatment 2009.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the left lower extremity. The current request is for Functional capacity evaluation. The treating physician report dated 7/10/15 (54B) states, "(The patient) is on temporary total disability through August 24th, 2015, pending FCE". The report goes on to state, "If able to provide light duty, please contact this office". ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, while the treating physician is concerned about the patient's ability to return to work, there is no evidence that the claims administrator or employer has requested this examination or that the patient desires to return to work and the physician has not documented that an FCE is crucial. FCE's cannot predict a patient's actual capacity in the work place. The request is not medically necessary.