

<b>Case Number:</b>	CM15-0185827		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Pennsylvania, Ohio, 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 29 year old male with an industrial injury dated 11-17-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar myofascitis, lumbar sprain and strain, rule out lumbar disc protrusion, left hand fracture, left ankle and joint foot pain. According to the progress note dated 05-28-2015, the injured worker reported intermittent moderate low back pain radiating to right buttocks, activity dependent mild to moderate left thumb pain and cramping, and activity dependent moderate left foot pain. Objective findings (05-28-2015) revealed tenderness to palpitation of the lumbar paravertebral muscles. Magnetic Resonance Imaging (MRI) of the left forearm and left hand dated 11-26-2014 were unremarkable. Treatment has included diagnostic studies, prescribed medications, shockwave therapy, open reduction internal fixation (ORIF) of left thumb on 09-05-2013, left thumb surgery on 04-24-2014 and periodic follow up visits. In agreed medical examination dated 06-02-2015, chief complaints consisted of left foot and left thumb. The injured worker reported that the left thumb pain radiates to the fourth finger with numbness with limited range of motion secondary to pain and diminished left hand grip strength. The injured worker also reported that the limited range of motion in the left foot secondary to pain. Pain level ranges from a 4-9 out of 10 on a visual analog scale (VAS). Physical exam revealed decreased left grip strength when compared to right and normal left foot range of motion. The examiner reported that no future medical care for left foot was needed as this condition was noted to be resolved. The treating physician prescribed services for physical performance functional capacity evaluation (FCE),

now under review. The utilization review dated 09-08-2015, non-certified the request for physical performance functional capacity evaluation (FCE).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical performance Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.