

<b>Case Number:</b>	CM15-0037298		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 41-year-old female with an industrial injury dated July 3, 2012. The injured worker diagnoses include degeneration of intervertebral disc, degeneration of lumbar intervertebral disc, complex regional pain syndrome, displacement of lumbar intervertebral disc without myelopathy, anxiety state, shoulder hand syndrome, depressive disorder and psychophysiological disorder. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, home exercise therapy, consultations and periodic follow up visits. According to the progress note dated 1/30/2015, the injured worker presented for reevaluation of her low back and bilateral lower extremity symptoms. The treating physician noted a history of upper extremity reflex sympathetic dystrophy (RSD) symptoms in her upper extremities and pain related mood disorder, which was worsening and causing interference with her ability to socialize appropriately. Physical exam revealed mild distress, anxious, tearful throughout exam and antalgic gait. Treatment plan includes home exercise therapy, prescribed medication and psychological treatment. The UR on 2/13/15 found the request for Functional Capacity testing to be non-certify citing ODG.

### 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 Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation.

**Decision rationale:** MTUS Guidelines; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), 2, Assessment page(s) 21-42 Other Guidelines, Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE) After a professional and thorough review of the documents, my analysis is that the above listed issue: Is/was NOT medically necessary. My rationale for why the requested treatment/service is or is not medically necessary: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physicians (7/14/2013, 8/22/2013, 10/16/2013) states clearly outline what the patient's limitations are and make no indication that additional delineation of the patient's capabilities are necessary to determine return to work. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program.", "An FCE is time-consuming and cannot be recommended as a routine evaluation.", "Consider an FCE if 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts. "Conflicting medical reporting on precautions and/or fitness for modified job." Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: " Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. The medical documents provided do not indicate that any of the above criteria were met. As such, the request for baseline functional capacity evaluation is not medically indicated.