

<b>Case Number:</b>	CM15-0083078		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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

### 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 30 year old male, who sustained an industrial injury on 9/29/2014. He reported pain in his neck, upper midback and right knee after being involved in a motor vehicle accident. Diagnoses have included cervical radiculopathy, lumbosacral radiculopathy, right knee fracture and medial and lateral meniscal tears. Treatment to date has included physiotherapy, magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/13/2015, the injured worker reported that he was doing well with physiotherapy. Physical exam showed patellar crepitus on flexion and extension with mild medial and lateral joint line tenderness. McMurray's test was positive. He reported that medications were providing pain relief and improving functional status. It was noted that the injured worker was at his usual and customary work but was forced to self-regulate to avoid exacerbating his injury. Authorization was requested 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:

#### **1 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 (ODG), Fitness For Duty: Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for treatment. Diagnoses include cervical and lumbar radicular symptoms to the lower extremity and knee disorders. It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, therapy treatment, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is already self-modulating while working the usual customary work. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The 1 Functional Capacity Evaluation is not medically necessary and appropriate.