

<b>Case Number:</b>	CM14-0141785		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/26/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female with a dated of injury of April 26, 2013. It was indicated that she was mopping when she slipped injuring her right leg, ankle, foot, toes, knees, left shin, and right hip. She was diagnosed with (a) lumbago, (b) lumbar radiculitis/neuritis, (c) enthesopathy of the knee, and (d) depression. In a doctor's first report of occupational injury dated June 24, 2014 it was indicated that she complained of severe lumbar spine pain with associated symptoms of constant burning sensation with stabbing pain, bilateral knee pain, and right ankle pain. There were no objective findings noted in this report. She was recommended to undergo urinalysis. She was prescribed with topical creams and medications. Authorization for functional capacity evaluation, acupuncture treatment for the lumbar spine and bilateral knees at a frequency of two times per week for four weeks, and bilateral knee brace was requested. She was placed in temporary total disability. This is a review of the requested Functional Capacity Evaluation for the right knee and the left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation for right knee and left leg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139) Official Disability Guidelines, Fitness for duty (updated 3/26/14) Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 137-139 Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

**Decision rationale:** The Chronic Pain Medical Treatment and ACOEM guidelines note that a Functional Capacity Evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. The ODG indicates that functional capacity evaluation is an objective resource for disability managers and is an invaluable tool in the return-to-work process. The functional capacity evaluation is considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for the modified job, and injuries that require detailed exploration of the worker's abilities. In this injured worker's case, the medical records received do not document conflicting medical reporting precautions and/or fitness for modified duties or that the employee is in the process of returning to work. It should be noted that the injured worker remains off work and on temporary total disability. It is also not clearly stated whether the injured worker has a job to return to or that the injured worker intends to return to work at any point in the near future. Additionally, there is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. Therefore, it can be concluded that the medical necessity of the requested one Functional Capacity Evaluation is not medically necessary at this time.