

<b>Case Number:</b>	CM14-0163650		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 49-year old female with date of injury of 9/27/2013. A review of the medical records indicates that the patient is undergoing treatment for right femur fracture. Subjective complaints include continuing pain in her right leg and difficulty in bearing weight. Objective findings include decreased range of motion of the right knee; 4/5 motor strength proximally in the lower extremity and 4/5 strength distally. Normal sensation to pin prick, DTR's symmetric; no ankle edema or calf pain. Treatment has included physical therapy. The utilization review dated 9/24/2014 non-certified a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation (FCE) for the right leg:** 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), Functional Capacity Evaluations Chapter

**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 (FCE)

**Decision rationale:** 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 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 functional capacity evaluation is not medically indicated.