

<b>Case Number:</b>	CM14-0163962		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/15/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured on 12/14/2012 after hot liquid spilled on his right foot. He was diagnosed with 3rd degree burns on the foot. He was initially treated with amputation of toes (8/19/13), orthotics, physical therapy, and analgesic medications to treat the pain. However, he continued to experience chronic pain. He had a functional capacity evaluation performed on 3/20/14 which determined that he was not capable of returning to work at full capacity. On 9/8/14, he was seen by his primary treating physician complaining of continual right foot pain rated at 5/10 on the pain scale which causes him to need to use a cane to walk, and is limited to walking or standing for about 25 minutes at a time. Physical examination was significant for hypertrophic scarring and hyperpigmentation of the right foot without any open wounds. He was then recommended a functional capacity evaluation with his occupational health or physical medicine and rehabilitation doctor.

### 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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132-139

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

**Decision rationale:** The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, the request for a functional capacity review is not appropriate as he had recently had one completed. Without an explanation as to why a second FCE is required in this case, the FCE will be considered not medically necessary.