

<b>Case Number:</b>	CM14-0194429		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 36 year old female with an injury date of 11/11/13. Based on the 06/12/14 progress report, the patient complains of chronic neck and lower back pain. She has spasms with radiation into the upper and lower extremities with numbness and weakness. She also continues to have bilateral knee pain that interferes with bending, stooping, squatting, prolonged standing and walking. The 09/11/14 report states there is spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. The 10/09/14 progress report shows the patient continues to complain of chronic lumbar and bilateral knee pain. There are no additional positive exam findings in this report. The patient's diagnoses includes the following: Lumbosacral Radiculopathy, Knee tend/burs, Cervical Radiculopathy, Carpal Tunnel Syndrome, Hand Sprain/Strain, Shoulder Tend/Burs, Wrist Tend/Burs. The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 04/03/14 - 10/09/14.

### 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, Fitness for Duty guidelines for performing an FCE; and the Non-MTUS ACOEM guidelines, Second Edition, Chapter 6 (revised), page 137-138

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Second Edition, Chapter 6 (revised), functional Capacity Evaluation, page 137

**Decision rationale:** The patient presents with chronic neck and lower back pain with radiation into the upper and lower extremities. The request is for a functional capacity evaluation. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations...These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The 10/09/14 report states that the patient "would like to return to work without modifications... Her work status will be changed today. The patient can return usual course of work duties." ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no indication if the FCE was requested from the employer or from the physician. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested functional capacity evaluation is not medically necessary.