

<b>Case Number:</b>	CM15-0015460		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 37- year old female, who sustained an industrial injury on July 14, 2012. She has reported cumulative injury and a slip and fall on a soapy water floor which resulted in hyperextending her left right finger and falling on her hands and knees. The diagnoses have included lumbar disc protrusion, lumbar facet syndrome, right wrist sprain, right knee meniscus tear. Treatment to date has included pain medication to include oral and topical medications, physical therapy with home exercise program, acupuncture, rest, activity restriction, ice/heat therapy, an orthopedic evaluation, acupuncture, chiropractic therapy and routine follow up. Currently, the IW complains of insomnia, decreased range of motion of the lumbar spine. Physical exam revealed painful range of motion of the right knee. EMG studies shows radiculopathy to the right lower extremity. On January 12, 2015, the Utilization Review decision non-certified a request for a functional capacity evaluation, noting the worker had a functional capacity study on October 24, 2014 and the documentation did not present a rationale why a repeat study was needed. The ODG: Functional Capacity Evaluation was cited. On January 22, 2015, the injured worker submitted an application for IMR for review of a functional capacity evaluation.

### 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, Functional Capacity Evaluation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity Page(s): 48.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. There is also no indication for the reason for another FCE. As a result, a functional capacity evaluation is not medically necessary.