

<b>Case Number:</b>	CM15-0110236		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 8/4/14. She reported pain in the neck, bilateral wrists, low back, and bilateral feet. The injured worker was diagnosed as having bilateral wrist derangement and right knee internal derangement. Treatment to date has included a right knee Cortisone injection and medication. Physical examination findings on 5/18/15 included normal range of motion in the wrists/hands and knee. Currently, the injured worker complains of bilateral wrist pain, bilateral hand pain, and continuous right knee pain. The treating physician requested authorization for an initial functional capacity evaluation for the right knee and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial functional capacity evaluation, right knee:** 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), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. Exam indicates normal range in the wrists and knee. The patient continues to treat for ongoing significant symptoms with further plan for care without any functional status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The Initial functional capacity evaluation, right knee is not medically necessary and appropriate.

**Initial functional capacity evaluation of the bilateral wrists:** 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), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. Exam indicates normal range in the wrists and knee. The patient continues to treat for ongoing significant symptoms with further plan for care without any functional status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The Initial functional capacity evaluation of bilateral wrists is not medically necessary and appropriate.