MAXIMUS Federal Services

| Case Number: | CM15-0173229 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2015 | Date of Injury: | 03/24/2015 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

## 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: North Carolina
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 was a 21 year old male, who sustained an industrial injury, March 24, 2015. According to progress note of July 9, 2015 the injured workers reported moderate neck pain. Low back pain was frequent and moderate. The left knee pain was intermittent and moderate. The physical exam noted tenderness with palpation of the cervical paravertebral muscles. There was tenderness of the lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles. The left knee was negative with examination. According to the progress note of April 3, 2015 the injured worker returned to work on April 4, 2015 with restrictions. On June 1, 2015 the injured worker returned to worker full duty with no limitations or restrictions. The injured worker was undergoing treatment for head injury, cervical spine discopathy, lumbar spine discopathy, knee myalgia, cervical muscle spasms, cervical strain and or sprain, lumbar muscle spasms, lumbar strain and or sprain, left knee strain and or sprain. The injured worker previously received the following treatments 6 sessions of physical therapy, acupuncture, injections, manipulation therapy, shockwave therapy, Acetaminophen, Orphenadrine at hour of sleep and Etodolac ER. The RFA (request for authorization) dated August 7, 2015, the following treatments were requested a physical performance FCE (functional capacity evaluation). The UR (utilization review board) denied certification on August 14, 2015, due to if the physician was comfortable describing the work ability without an FCE there was no requirement to do this testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical performance functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts, b. Conflicting medical reporting on precaution and/or fitness for modified jobs, c. Injuries that require detailed exploration of the worker's abilities, 2. Timing is appropriate, a. Close or at MMI/all key medical reports secured, b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.