

<b>Case Number:</b>	CM15-0022434		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Internal Medicine

### 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 55 year old male who sustained an industrial injury on 3/14/02. The injured worker reported symptoms in the right foot. The diagnoses included pain in limb. Treatments to date include therapy and status post-surgery right foot second and third tarsometatarsal arthrodesis on 6/20/14. In a progress note dated 1/15/15 the treating provider reports the injured worker was with right foot pain described as "mild -moderated...also experiencing swelling...symptoms occur intermittently." On 1/27/15 Utilization Review non-certified the request for a functional capacity evaluation. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Medical records document a history of chronic right foot pain. A functional capacity evaluation was requested. MTUS and ACOEM guidelines do not support the medical necessity of functional capacity evaluations (FCE). Therefore, the request for a functional capacity evaluation is not medically necessary.