

<b>Case Number:</b>	CM15-0090575		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
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 41-year-old male, who sustained an industrial injury on 07/07/2013. According to the only progress report submitted for review and dated 04/01/2015, present complaints did not include any reports of pain. The injured worker was described as a well-developed, well-nourished, alert, oriented, cooperative and normal appearing, ambulating with a normal gait and in no acute distress. Physical examination demonstrated tenderness to palpation with spasms of the bilateral paraspinals and upper trapezius. Range of motion of the cervical spine was normal. Compression, Spurling and Distraction tests were negative. Biceps, brachioradialis and triceps reflexes were within normal limits. Examination of the lumbar spine demonstrated tenderness to palpation of the bilateral paraspinals, quadratus lumborum, gluteal muscle, sacroiliac and coccyx. There was no spasm. There was no pelvic tilt. Range of motion of the lumbar spine was decreased. Sitting root and straight leg raise was positive. Patellar L4 and Achilles S1 were within normal limits bilaterally. Diagnoses included status post fall, closed head trauma and lumbar spine strain/sprain rule out discopathy. The injured worker was awaiting authorization for a trial of facet block injections. Treatment plan included continuation of daily stretches, exercise and core strengthening and request for a Functional Capacity Evaluation. He was provided with a 30-day supply of transdermal anti-inflammatory and analgesic medications. He was on temporary total disability for six weeks. Currently under review is the request for a Functional Capacity Evaluation (FCE).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Integrated Treatment Guidelines, ODG Treatment in Work Comp 2nd Edition - Disability Duration Guidelines (Official Disability Guidelines 9th Edition) Work Loss Data Institute.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8.

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are status post fall; closed head trauma; and lumbar spine sprain/strain rule out discopathy. The medical record contains 12 pages and one progress note. The documentation pursuant to an April 1, 2015 progress note subjectively states the injured work presents for reevaluation of work injuries. There are no specific subjective complaints noted. Objectively, the injured worker has tenderness palpation over the cervical bilateral paraspinal muscle groups and upper trapezius. Lumbar spine is tender to palpation. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There was no discussion in the medical record of the injured worker's anticipated return to work. The documentation states the injured worker was totally disabled for six weeks. It is unclear whether the injured worker is working at this time or whether the date of the examination April 1, 2015 is an inclusive date of the disability. There is no discussion of work duties in the medical record. A facet joint injection is pending. There is no prior unsuccessful return to work attempts or conflicting medical reports. Additionally, there is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on the clinical documentation and the peer-reviewed evidence-based guidelines, a functional capacity evaluation is not medically necessary.