

<b>Case Number:</b>	CM14-0173021		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/28/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female with a date of injury of 02/28/2002. The listed diagnoses per [REDACTED] are: 1. RTC tendinitis in the left shoulder. 2. Multilevel disk bulge, C/S. 3. Multilevel discopathy, L/S. 4. (Illegible) L/S. 5. Annular tear L/S. According to progress report 06/11/2014, the patient complains of pain in the cervical spine, lumbar spine, and left shoulder. The patient also has an increase in bilateral knee pain. Progress report 09/10/2014 states the patient has pain in both knees which is attributed to prolonged standing and walking. The patient has frequent stabbing pain the knees that radiates to the foot with numbness, tingling, and weakness. The request for authorization from 09/10/2014 requests a functional capacity evaluation. Utilization review denied the request on 09/30/2014. Treatment reports from 04/30/2014 through 10/21/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter: 7, pages 137-139, Independent Medical Examinations and Consultations

**Decision rationale:** This injured worker presents with continued bilateral knee pain. The provider is requesting a functional capacity evaluation. A rationale for the request was not provided. ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that functional capacity evaluations (FCEs) can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and in this case, the provider does not discuss why it is required. Therefore, this request is not medically necessary.