

<b>Case Number:</b>	CM13-0007467		
<b>Date Assigned:</b>	09/09/2013	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of February 23, 2011. In a utilization review report dated July 5, 2013, the claims administrator denied a request for a functional capacity evaluation, invoking non-MTUS ODG Guidelines exclusively. The applicant's attorney subsequently appealed. In a progress note dated November 19, 2014, the applicant reported ongoing complaints of neck pain and headaches. The attending provider notes that the applicant was currently working. Despite the fact that the attending provider was working, a functional capacity evaluation was sought. The attending provider stated that the functional capacity evaluation should be employed to help reduce the applicant's work restrictions. A neurology consultation was ordered to further evaluate the applicant's headaches. In a July 20, 2013, appeal letter, the attending provider appealed an earlier utilization review decision to deny a functional capacity evaluation, that the attending provider noted that the applicant had ongoing complaints of neck pain radiating to the bilateral upper extremities. Electrodiagnostic testing of the bilateral upper extremities was also sought for the purposes of determining whether or not the applicant had a bona fide cervical radiculopathy. The attending provider posited that earlier cervical MRI imaging was equivocal. In a June 24, 2013, progress note, the applicant reported ongoing complaints of knee pain status post earlier knee surgery. The applicant's work restrictions were renewed and described as unchanged. It was stated that the applicant was a candidate for right knee total knee arthroplasty. In a separate note dated June 24, 2013, it was again suggested (but not clearly stated) whether the applicant was working despite ongoing complaints of neck pain. The applicant was asked to continue Neurontin and Elavil. A 30-pound lifting limitation was endorsed.

## **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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest that considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant has already returned to work. It is not clear why a functional capacity evaluation is needed to quantify the applicant's abilities and/or capabilities in the face of the applicant's already successful return to work. Functional capacity testing does not, thus, appear to be indicated in the clinical context present here. Therefore, the request is not medically necessary.