

<b>Case Number:</b>	CM13-0034913		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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:

According to the records made available for review, the patient is a 42-year-old male with a 5/5/10 date of injury. At the time (8/22/13) of request for authorization for referral for Functional Capacity Evaluation (FCE) and Injury Prevention Education Class, there is documentation of subjective neck pain, right and left shoulder pain, right and left arm, elbow, forearm, wrist, and finger pain associated with tingling sensation. and objective unremarkable findings. Current diagnoses include generalized body pain and stress/anxiety. Treatment to date include activity modification and medications. Regarding referral for FCE, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFERRAL FOR FUNCTIONAL CAPACITY EVALUATION (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127,137-138..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

**Decision rationale:** MTUS/ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. The Official Disability Guidelines (ODG) identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of generalized body pain and stress/anxiety. However, there is no documentation indicating case management is hampered by complex issues and that timing is appropriate. The request for referral for Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.

**INJURY PREVENTION EDUCATION CLASS.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

**Decision rationale:** The California MTUS and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the requested Injury Prevention Education Class. Within the medical information available for review, there is documentation of diagnoses of generalized body pain and stress/anxiety. However, there is no documentation that the request represents medical treatment. The request for Injury Prevention Education Class is not medically necessary and appropriate.