

<b>Case Number:</b>	CM13-0038711		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

60 year old male with industrial injury 12/15/12. Exam note 1/4/13 demonstrates impression of chronic strain/sprain cervicothoracic spine with aggravation of cervical disc or intrasposal injury. Report of tendinitis and impingement, left shoulder. Report of fracture, left humerus. Report of pain left elbow and left wrist. Request for referral to orthopedic surgeon. Exam note 9/5/13 demonstrates report of pain in neck and left shoulder with intermittent pain in left elbow and wrist. Report of functional capacity evaluation performed on 8/30/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 functional capacity evaluation orthopedic consultation within the MPN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, "Recommended prior to admission to a Work Hardening (WH) Program. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is

not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: 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. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." In the records the patient has completed an FCE on 8/30/13. The patient does not meet the guidelines for repeat FCE and therefore the determination is for non-certification.