

<b>Case Number:</b>	CM13-0042206		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 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 63 year old female with an injury date on 04/02/13. Based on the 09/19/13 progress report provided states the patients diagnosis include lumbar disc displacement with myelopathy, cervical disc herniation with myelopathy, thoracic disc displacement without myelopathy, rotator cuff syndrome, and bursitis and tendinitis of the shoulder, hand and wrist. This progress report continues to state that on 04/03/13, the patient was prescribed Tramadol and pain patches. She completed 18 sessions of physical therapy."An MRI done on 05/10/13 revealed that the patient at a minimal effacement of the anterior thecal sac at L4-L5 and a central annular tear. The physician is requesting for a qualified functional capacity evaluation. The utilization review determination being challenged is dated 10/02/13 and recommends denial of the qualified functional capacity evaluation. The physician is the requesting provider, and he provided treatment reports from 04/11/13- 11/13/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A qualified functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** According to the 09/19/13 progress report provided by [REDACTED] the patient presents with lumbar disc displacement with myelopathy, cervical disc herniation with myelopathy, thoracic disc displacement without myelopathy, rotator cuff syndrome, and bursitis and tendinitis of the shoulder, hand and wrist. The request is for a qualified functional capacity evaluation. The request was denied by utilization review letter dated 10/02/13. The rationale was that the medical records state that the treating provider does not feel the patient is at a permanent and stationary status. In the 09/19/13 progress report, [REDACTED] has asked for FCE stating that the patient has limitations of lifting, doing overhead work, walking longer than 20 minutes, etc. The patient also has pain with climbing stairs, carrying groceries, housework, etc. ACOEM guidelines page 137 states that the examiner is responsible for determining whether the impairment results in functional limitations. FCE's indicated if asked by the administrator or the treater if information is felt to be crucial. ACOEM also states that there is "little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the request is for FCE for a patient that is working with limitations. The treater is hoping to get additional information about the patient's work capacity, but there is lack of scientific evidence that FCE's can accomplish that. Recommendation is for denial.