

<b>Case Number:</b>	CM13-0044063		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/20/1995
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and wrist pain reportedly associated with an industrial injury of March 20, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; carpal tunnel release surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of September 25, 2013, the claims administrator denied a request for a functional capacity evaluation, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a clinical progress note of November 15, 2012, the applicant's primary treating provider states that the applicant has chronic neck pain, low back pain, and carpal tunnel syndrome. The applicant was given multiple prescriptions, including Flexeril and Medrox and was asked to remain off of work for four days. The applicant is asked to return to regular duty work, on November 29, 2012. No subsequent progress notes are on file. No more recent progress notes are available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, WORK HARDENING/WORK CONDITIONING TOPIC AND CHAPTER 7, PAGE 125 AND PAGES 137-138

**Decision rationale:** The Expert Reviewer's decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support functional capacity testing as a precursor to enrollment in a work hardening or work conditioning program, in this case, however, there is no evidence that the applicant is in fact intent on enrolling in a work hardening or work conditioning program. The applicant's present work status and functional status have not been clearly described or clearly delineated. It is unclear why an FCE is being sought as the applicant has already been advanced to regular duty work. It is further noted that the Chapter 7 ACOEM Guidelines take the position that FCEs are widely used, overly promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.