

<b>Case Number:</b>	CM13-0051411		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 and is licensed to practice in Illinois. 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 injured worker is a 38 year old who was employed as a warehouse worker and reported an injury of unknown nature and mechanism on 05/30/2013. His duties required him to lift and carry packaged merchandise and place it into boxes. His diagnostic impressions included impingement of the right shoulder, bursitis and tendonitis of the bilateral shoulders, lumbar sprain/strain, cervical sprain/strain, bilateral carpal tunnel syndrome, and tendonitis of both hands and wrists. The clinical note dated 09/25/2013 noted the injured worker's cervical spine range of motion demonstrated flexion to 50/55 degrees, extension to 20/45 painful degrees, left bending to 30/40 degrees with pain, right bending to 25/55 degrees with pain, left rotation to 50/80 degrees with pain, and right rotation to 50/80 degrees with pain. His lumbar spine range of motion demonstrated flexion to 28/60 degrees, extension to 10/25 degrees with pain, left bending to 10/25 degrees, right bending to 7/25 degrees, left rotation to 20/30 degrees with pain, and right rotation to 20/30 degrees with pain. His shoulder range of motion demonstrated flexion on the left to 175/180 degrees with pain and on the right to 180/180 degrees, extension on the left to 40/45 degrees and on the right to 40/45 degrees, abduction on the left to 175/180 degrees with pain and on the right to 140/180 degrees with pain, adduction on the left to 30/45 degrees and on the right to 25/45 degrees, external rotation on the left to 80/90 degrees and on the right to 75/90 degrees with pain, internal rotation on the left to 80/90 degrees with pain and on the right to 60/90 degrees with pain. Wrist range of motion demonstrated flexion on the left to 60/85 degrees with pain and on the right to 55/85 degrees with pain, extension on the left to 60/80 degrees with pain and on the right to 60/80 degrees with pain, radial deviation on the left to 10/20 degrees and on the right to 10/20 degrees, ulnar deviation on the left to 15/40 with pain and on the right to 15/40 degrees with pain. His medications included Tylenol #3 and TG Hot Cream (tramadol, gabapentin, menthol, capsaicin and camphor). There was no documentation of any physical

therapy, but mention was made of acupuncture, electrical muscle stimulation to the shoulders and lumbar spine, infrared to cervical and lumbar spine and chiropractic manipulative therapy. On 08/28/2013 the treatment plan included "an initial qualified functional capacity evaluation to establish baseline functioning and design return to work program, to document specific limitations to activities of daily living and other functional impairments so that specific areas of impairment can be addressed and evaluated and will include a detailed job evaluation to identify and address any potential barriers to the return to work or any long-term potentially damaging activities". The provider indicated the functional capacity evaluation was requested with the start of a work hardening program. A Request for Authorization was not found in the chart.

### **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:** Decision based on MTUS ACOEM Page(s): 506-512.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE).

**Decision rationale:** The injured worker is a 38 year old warehouse worker who reported an unknown injury on 05/30/2013. His reported pain was treated with oral opioid analgesics and topical cream. CA MTUS/ACOEM states it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Per the Official Disability Guidelines, a FCE is recommended prior to an admission to a work hardening program with preference tailored to a specific task or job. A functional capacity evaluation may also be recommended when case management is hampered by complex issues such as injuries that require detailed exploration of a worker's abilities. The guidelines indicate providers should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The provider indicated the functional capacity evaluation is being requested in order to establish a baseline of the injured worker's condition prior to a work hardening program. However, there is a lack of recent documentation demonstrating the injured worker's most current functional status. Additionally, the injured worker's course of treatment after the 09/25/2013 assessment is not indicated within the medical records. Therefore, the request for Functional Capacity Evaluation is not medically necessary.