

<b>Case Number:</b>	CM13-0052152		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 03/19/12. The most recent PR-2 report dated 06/18/13, identified subjective complaints of pain in the neck, thoracic spine, and right shoulder. Objective findings included tenderness to palpation and decreased range-of-motion of the cervical and thoracic spines and right shoulder. Motor and sensory function is not documented. Diagnoses included cervical disc protrusion with radiculopathy as well as thoracic strain and impingement syndrome of the right shoulder. Previous treatments as well as functional capacity were not documented. A Utilization Review determination was rendered on 11/04/13 recommending non-certification of "1 Functional Capacity Evaluation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 137, as well as the Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation Section.

**Decision rationale:** The California MTUS Guidelines do not address functional capacity evaluations. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, which is not part of the MTUS, states: "These assessments may also be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." The Official Disability Guidelines state that a Functional Capacity Evaluation (FCE) should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The record does not document unsuccessful return to work attempts. Likewise, there is no mention of the patient actively participating in determining the suitability of a particular job. Last, there is no documentation of the patient's current functional capacity and whether the patient is or is not close to maximum medical improvement. The request for one functional capacity evaluation is not medically necessary or appropriate.