

<b>Case Number:</b>	CM13-0053393		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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 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 is a female patient who reported an injury on 12/04/2012. The patient reportedly slipped on a piece of fruit and twisted her lower back. The patient's current diagnoses include neck sprain and strain, thoracic sprain and strain, and lumbosacral sprain and strain. There was no physician progress report submitted for this review. The only documentation submitted for this review are multiple physical therapy notes from 12/2012. A Request for Authorization Form was submitted on 10/29/2013 by [REDACTED]. However, there is no physical examination provided for review. The current request is for a Functional Capacity Evaluation.

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing

function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation should be considered if case management is hampered by complex issues and the timing is appropriate. There is no evidence of previous unsuccessful return to work attempts. There is no evidence that this patient has reached or is close to maximum medical improvement. There is also no documentation of a defined return to work goal or job plan. The medical necessity has not been established. Therefore, the request is non-certified.