

<b>Case Number:</b>	CM13-0058125		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 & Rehabilitation 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:

This patient is a 56-year-old female with date of injury of 11/14/2012. Per the treating physician's report on 08/21/2013, the patient presents with continuing aching cervical spine pain at 4/10 to 8/10 with symptoms unchanged from the prior visit. Listed diagnostic impressions are cervical strain and spasm radiculitis into the upper extremities. There is a handwritten report with sparsely anything on it, dated 10/09/2013, with a checked box next to "FCE". None of the reports reviewed from 05/29/2013 through 12/18/2013 discuss the request for 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:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004), pages 137, 139.

**Decision rationale:** This patient presents with chronic neck pain. Review of the reports show that there is a request for functional capacity evaluation from a 10/09/2013 report. None of the

reports reviewed from 05/29/2013 to 12/18/2013 provide discussion regarding a functional capacity evaluation request. An MRI of the cervical spine from 05/29/2013 showed a 3 to 4 mm disk bulge throughout the cervical spine and epidural steroid injection and physical therapy was requested at that time. There is a request for authorization dated 10/23/2013, stating "initial FCE". ACOEM Guidelines page 137 discuss functional capacity evaluations. It states that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. It further states that the employer or claim administrator may request functional ability evaluations, and that if ordered by the treating or evaluating physician, information from such testing must be crucial. "There is a little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace". In this request, the treating physician appears to be asking for "initial functional capacity evaluation" to determine the patient's apparent function. However, ACOEM Guidelines do not support routine use of functional capacity evaluation and states that the examiner's evaluation of the patient's function should be adequate. The request is not medically necessary and appropriate.