

<b>Case Number:</b>	CM13-0065964		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 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 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:

The applicant has filed a claim for chronic neck, shoulder, elbow, and wrist pain reportedly associated with an industrial injury of September 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; prior shoulder arthroscopy; psychological counseling; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 20, 2013, the claims administrator denied a functional capacity evaluation, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. On October 16, 2013, the applicant apparently underwent said FCE testing. The applicant was apparently placed in the light physical demand level (PDL). On October 14, 2013, the applicant is described in a clinical progress note as describing multifocal neck, wrist, hand, and elbow pain. A program of work hardening is endorsed. An FCE is apparently endorsed as a precursor to enrollment in said work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluations

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening, Work Conditioning Page(s): 125.

**Decision rationale:** The proposed FCE was apparently already performed in October 2013 and was not medically necessary nor medically appropriate. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that functional capacity testing can sometimes be performed as a precursor to enrolment in a work hardening program, in this case, however, the applicant does not appear to be a good candidate for said work hardening program. Other criteria for pursuit of work hardening include evidence that an applicant is no more than two years removed the date of injury. In this case, the applicant is over six years removed from the date of injury, September 10, 2007. The applicant does not have a defined return-to-work goal agreed upon by the employer or employee. It does not appear that the applicant has any job to return to and/or that the applicant is intent on returning to the workplace at this late date, over six years removed from the date of injury. For that reason, neither the proposed work hardening course nor the proposed functional capacity evaluation was indicated or medically necessary. Accordingly, the functional capacity testing is not certified, on Independent Medical Review.