

<b>Case Number:</b>	CM13-0069860		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, has a subspecialty in Interventional Spine 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:

The claimant is presented with a date of injury of July 10, 2013. A utilization review determination dated November 20, 2013 recommends non-certification of a functional capacity evaluation. A progress report dated January 10, 2014 identifies subjective complaints of increased pain (illegible) numbness to the left-hand. Physical examination identifies increased range of motion in cervical spine and increased range of motion in lumbar spine. Diagnoses include carpal tunnel syndrome, cervical spine disc herniation, and lumbar spine disc herniation. Current treatment plan recommends discontinuing naproxen due to increased (illegible). Work conditioning is also requested as well as a consultation with orthopedic surgery for the left carpal tunnel syndrome. A progress report dated December 5, 2013 recommends an EMG nerve conduction study, physical therapy, and indicates that the requesting physician is awaiting an MRI report to review. A progress report dated November 1, 2013 identifies subjective complaints including neck pain, left shoulder pain, left hand and left wrist pain, and low back pain radiating into the hips, legs, and feet. Physical examination reveals tenderness to palpation in the cervical spine with reduced range of motion, tenderness to palpation in the left shoulder with reduced range of motion, tenderness to palpation over the wrist and hand on the left side with reduced grip strength, and tenderness to palpation over the lumbar spine with reduced range of motion. Diagnoses include cervicgia, pain in the left upper arm, pain in the joint of the left hand, and lumbago. The treatment plan recommends an MRI scan of the cervical and lumbar spine, MRI of the left shoulder, physical therapy and acupuncture, medication, EMG/NCV of bilateral upper extremities, cold and heat pack, urine screen, and 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 (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 (ODG) Fitness for Duty, Guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California ACOEM Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The Official Disability Guidelines (ODG) states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, it does not appear that the patient is at maximum medical improvement, as the requesting physician is recommending diagnostic imaging as well as additional treatment modalities. The request for a Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.