

<b>Case Number:</b>	CM13-0071361		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, 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:

According to the records made available for review, this is a 31-year-old female with an 11/15/13 date of injury. At the time (11/25/13) of request for authorization for functional capacity evaluation, there is documentation of subjective (neck pain, back pain, bilateral upper extremity pain, bilateral foot pain; and psychiatric problems with difficulty sleeping) and objective (tenderness to palpation of the cervical spine with spasms with decreased range of motion and positive compression test; tenderness to palpation of the thoracic spine with spasms and decreased range of motion; tenderness to palpation of the bilateral shoulders with positive impingement test bilaterally; tenderness to palpation over the bilateral elbows and wrists with positive Mill's and Tinel's tests bilaterally; decreased strength of the bilateral upper extremities; decreased sensation at the median and ulnar nerve distributions bilaterally; and decreased strength of the bilateral lower extremities with tenderness at the plantar aspect of both feet) findings, current diagnoses (cervical musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral wrist chronic overuse syndrome, bilateral Achilles tendinitis, and depression/insomnia secondary to pain), and treatment to date (medications). There is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, ACOEM, 2nd Edition, Chapter 7 Independent Medical Evaluation and Consultation, PAGE 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, American College Of Occupation And Environmental Medicine (Acoem) 2nd Edition, Independent Medical Examinations And Consultations, pgs137-138, and Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral wrist chronic overuse syndrome, bilateral Achilles tendinitis, and depression/insomnia secondary to pain. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for functional capacity evaluation is not medically necessary.