

<b>Case Number:</b>	CM13-0072310		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 40 year old male who reported an injury to the neck. No information was submitted regarding the initial injury. The magnetic resonance image (MRI) of the right wrist dated 10/18/13 revealed no evidence of fracture or malalignment. The triangular fibrocartilage complex was identified as being unremarkable. No evidence of thickening in the flexor retinaculum was identified. The procedure note dated 08/21/13 indicated the injured worker undergoing extracorporeal shockwave therapy at the left shoulder. The clinical note dated 07/31/13 indicated the injured worker had continued neck pain. The pain radiated to the left shoulder, and was rated at 1/10. The injured worker previously underwent physical therapy and utilized Advil and topical ointment to address ongoing pain. The utilization review dated 12/23/13 resulted in a denial for functional capacity evaluation, as insufficient information was submitted supporting the need for the evaluation. No information was submitted regarding an unsuccessful return to work attempt, or evidence of conflicting medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluations.

**Decision rationale:** The injured worker complained of neck pain radiating to the left shoulder. A functional capacity evaluation is indicated for injured workers who have failed previous return to work attempts or conflicting records exist regarding clinical history. No information was submitted regarding previous attempts at return to work. No conflicting information was presented in the submitted clinical documentation regarding clinical status. Given this, the request is not indicated as medically necessary.