

<b>Case Number:</b>	CM14-0000503		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	12/22/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Sports 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 62 year old male who reported an injury after falling off a roof on 12/22/2012. The most recent clinical note dated 12/27/2013 is indecipherable. However, the clinical note dated 12/19/2013 indicated diagnoses of cervical spine disc protrusion, lumbar spine disc protrusion, bilateral shoulder rotator cuff tear and depression. The injured worker reported pain to his neck and right shoulder rated at 3/10. On physical exam, The injured worker had increased range of motion to the cervical spine by 25% however, extension is still aggravated by pain, he had an increase in right shoulder by 15% in all areas of range of motion. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION (FCE) FOR THE CERVICAL SPINE, LUMBAR SPINE, AND BILATERAL SHOULDERS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Functional capacity evaluation (FCE)

**Decision rationale:** The injured worker was diagnosed with cervical spine disc protrusion, lumbar spine disc protrusion, bilateral shoulder rotator cuff tear and depression. The California MTUS/ACOEM Guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines state a functional capacity evaluation is not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The was lack of objective data and deficits within the records, without any functional deficit, there would be no need for the request. Therefore, per the California MTUS/ACOEM guidelines, the request for Functional Capacity Evaluation (FCE) for the cervical spine, lumbar spine, and bilateral shoulders is not medically necessary.