

<b>Case Number:</b>	CM14-0003441		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 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 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:

This is a 46-year-old male patient with a 11/4/2012 date of injury. 1/30/2014 medical report indicates intermittent moderate aching neck pain and stiffness the patient is complaining of left shoulder pain and stiffness. There is also right shoulder pain and stiffness. There is also left knee and low back pain. The patient complains of loss of sleep secondary to pain. Physical exam demonstrates cervical spasm, decreased left shoulder range of motion, decreased right shoulder range of motion, right wrist decreased range of motion, and bilaterally decreased knee range of motion. 1/28/14 electrodiagnostic study indicates mild bilateral carpal tunnel syndrome. 1/14/13 lumbar MRI demonstrates spondylitic changes at multiple levels, with neural foraminal narrowing at multiple levels. Treatment to date has included acupuncture, kinetic activities, chiropractic care, medication, and activity modification. There is documentation of a previous 12/6/13 adverse determination; reasons for non-certification were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION (FCE) AND FINAL EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations And Consultations, page(s), 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004) , Independent Medical Examinations And Consultations, page(s) 132-139, as well as Official Disability Guidelines (ODG) (Fitness for Duty Chapter).

**Decision rationale:** ACOEM states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, ODG states that an FCE should be considered when 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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient presents with a complex and protracted case history with multiple complaints. However, there is no recent evidence that the patient would have failed return-to-work attempts. There is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. Therefore, the request for functional capacity evaluation (FCE) and final evaluation was not medically necessary.