

<b>Case Number:</b>	CM14-0004219		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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 & 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:

The injured worker is a 49 year old female with a reported date of injury on October 18, 2012. The mechanism of injury was a lifting injury. The injured worker had a cervical injection performed on July 12, 2013 for cervical radiculitis to the C5-6 level. The progress note dated December 12, 2013 listed the diagnoses as cervical radiculopathy, cervical stenosis, degenerative disc disease of the cervical spine, degenerative disc disease of the thoracic spine, degenerative disc disease of the lumbar spine, and ongoing shoulder complaints. The injured worker rated her pain 5/10 to the neck and bilateral shoulders. A functional capacity evaluation was performed on September 23, 2013 to the shoulders and October 7, 2013 to the cervical spine. The progress note date December 12, 2013 noted the injured worker stated she preferred to continue along conservative treatment lines including a home exercise program and previous acupuncture sessions. The request of authorization form was not included with the medical records. The request is for outpatient functional capacity evaluation of the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT FUNCTIONAL CAPACITY EVALUATION OF THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, 77-89

**Decision rationale:** The injured worker had an functional capacity evaluation of the shoulders. The ACOEM states it may be necessary to obtain a more precise delineation of the injured workers 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 California MTUS Official Disability Guidelines recommend a functional capacity evaluation prior to admission into a Work Hardening Program, with preference for assessments tailored to a specific task or job. It is not recommended for 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 guidelines note when performing a Functional Capacity Evaluation if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. The guidelines do not recommend a Functional Capacity evaluation to determine a workder's effort or compliance. There is lack of documentation regarding the injured worker entering a work hardening program. The requesting physician's rationale for the request was unclear and it was unclear if the timing was appropriate. The request is not medically necessary.