

<b>Case Number:</b>	CM14-0004430		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, 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 34 year old male who reported an injury on February 17, 2012 due to continuous trauma. The injured worker complained of neck pain, back pain, and bilaterally lower extremity pain especially on the right foot with a pain score of 8/10. On physical exam all active range of motion of the cervical spine are limited due to pain, and spasm. Range of motion for the cervical spine were flexion at 40 degrees and extension at 40 degrees. All active range of motion of the lumbar spine were flexion at 40 degrees and extension at 10 degrees. The injured worker diagnoses included cervical disc syndrome, lumbar disc syndrome, and bilateral lower extremity radiculitis. The injured worker's treatment plan was for the injured worker to complete chiropractic treatment until complete and functional capacity evaluation. Medication included medical marijuana, vicodin, naproxen, omeprazole, medrolamine, medtoxin topical analgesic. The injured worker has received physical therapy with little benefit for decreasing pain, aquatic therapy that had good benefits in helping the decrease pain and acupuncture with little benefit in decreasing pain. The request for authorization form and rationale for the request were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 evaluation

**Decision rationale:** The request for one functional capacity evaluation is not medically necessary. The California MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines recommend a functional capacity evaluation for those nearing maximum medical improvement (MMI), had an unsuccessful return to work and/or prior to admission to a work hardening (WH) program with preference for assessments tailored to a specific task or job, There is supportive documentation of the injured worker being considered for the work hardening program. There is also a lack of documentation to support the injured worker is nearing MMI or has had an unsuccessful return to work. The request was submitted without a clinical rationale supporting the medical necessities of a functional capacity evaluation. As such, the request for authorization for one functional capacity evaluation is not medically necessary.