

<b>Case Number:</b>	CM14-0103785		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old female was reportedly injured on November 30, 2013. The mechanism of injury was stated to be tripping over a sprinkler head. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of thoracic and lumbar spine pain radiating to both lower extremities as well as right shoulder pain right wrist pain and right hand pain. The physical examination demonstrated tenderness and spasms of the thoracic and lumbar paraspinal muscles. There was slightly decreased thoracic and lumbar spine range of motion. There were a positive right sided straight leg raise test and a normal lower extremity neurological examination. Examination of the right shoulder showed decreased range of motion with pain. There was a positive Codman's test and Speed's test on the right side. Examination of the hand and wrist noted spasms and tenderness along the dorsal extensor tendons. There was a positive Bracelet test and Froment's test on the right. Recommendations included physical medicine, an magnetic resonance imaging (MRI) of the lumbar spine and right shoulder, the use of an inferential unit, and a lumbar support brace. Diagnostic imaging studies were not discussed during this visit. Previous treatment included physical therapy. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**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 Consultants pp 132-139 Official Disability Guidelines , fitness for duty, functional capacity evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Improvement Measures, Updated July 3, 2014.

**Decision rationale:** According to the previous utilization management review, the functional capacity evaluation was not recommended ,as there were no stated plans regarding returning to work. However, the Official Disability Guidelines stated that functional improvement measures were recommended. It stated that restoration of function should be the primary measure of treatment success and that functional improvement measures should be used over the course of treatment to determine progress in return to functionality and to justify further use of ongoing treatment methods. Considering this, this request for a functional capacity evaluation is medically necessary.