

<b>Case Number:</b>	CM14-0104512		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/31/2012
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	06/16/2014
<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 Family 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 41-year-old male patient who reported an industrial injury to the low back and upper extremities on 3/27/2012, over 2 years ago, attributed to performing his usual and customary job tasks as a gardener. The patient complained of low back pain which remains about the same and bilateral upper extremity pain. The patient was noted to of been treated with chiropractic physiotherapy; acupuncture; and physical therapy which he reportedly stated did not improve his pain. The patient had bilateral lower extremity EMG/NCS on 3/12/2014, which was reported as normal findings. The patient complains of ongoing weakness. The patient complained of burning and weakness to multiple body parts. The patient reported that he had never smoked in the past but is currently smoking a pack a day for the past five (5) months due to pain and depression. The objective findings on examination included antalgic gait; tenderness to palpation of the thoracic and lumbar spine paraspinal muscles; spasms noted; large mass in the right trapezius without signs of infection; decreased range of motion to the thoracic and lumbar spine; reported decreased sensation the right L4 and L5 dermatomes; motor examination limited by pain but is assessed as 4/5 and 5/5. The patient is diagnosed with lumbar spine disc extrusion at L5-S1 with lumbar radiculopathy and bilateral lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

**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) chapter 7 pages 132-139; chapter 7 pages 137-138 Official Disability Guidelines (ODG) fitness for duty chapter functional capacity evaluation

**Decision rationale:** The request for a FCE for the diagnosis of chronic back and bilateral elbow pain was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified such as prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for chronic elbow and back pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient over 2 1/2 years after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline" which was adequately provided with the documented physical examination. There are no recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to the back and knee diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the elbows and lower back while performing the job duties of a gardener. There is no demonstrated medical necessity for the FCE for the diagnosed back and elbow issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity.