

<b>Case Number:</b>	CM14-0106171		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 47-year-old with a reported date of injury on February 25, 2013. The injury reportedly occurred when the injured worker was struck in the face by an assailant. His diagnoses were noted to include cervical disc disease, cervical radiculopathy, left ring finger fracture, lumbar disc disease, and lumbar facet syndrome. His previous treatments were noted to include medications, acupuncture, and physical therapy. The progress note dated April 23, 2014 revealed complaints of pain to the left hand and low back. The injured worker indicated acupuncture had actually helped the pain to his hand, and the back pain was not completely changed, but was doing better with medication. The physical examination of the cervical spine revealed 3+ tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally. There was tenderness to palpation felt over the cervical spine processes from C4 through C7. The cervical compression test was positive bilaterally, as well as the shoulder decompression test. There was 2+ tenderness over the parathoracic muscles from T7 to T10 bilaterally. The injured worker had decreased range of motion to the left finger at the proximal interphalangeal joint, distal interphalangeal joint, and metacarpophalangeal joint. The left hand was unable to make a fist. The physical examination of the lumbar spine revealed tenderness upon digital palpation of the left L3 through S1. There was muscle guarding and muscle spasm formation noted over the paraspinal muscles of the area. The orthopedic testing of the lumbar spine was provocative for axial low back pain, and there was no indication the injured worker experienced any radicular symptoms with those maneuvers. The Request for Authorization form dated April 23, 2014 was for a functional capacity evaluation to evaluate possible permanent work restrictions and possible permanent and stationary at the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (FCE) for the lumbar, thoracic and cervical spine, right ring finger, right knee and left eye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

**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, Functional Capacity Evaluation.

**Decision rationale:** The request for Functional Capacity Evaluation for Lumbar, Thoracic and Cervical Spine, Right Ring Finger, Right Knee and Left Eye is not medically necessary. The injured worker complains of left hand and low back pain. The Official Disability Guidelines recommend the functional capacity evaluation prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The guidelines state that functional capacity evaluation 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. Both job-specific and comprehensive FCEs can be valuable tools in clinical decision making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. The guidelines for performing an FCE are that it is recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. An FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants.