

<b>Case Number:</b>	CM14-0107484		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 55-year-old female who reported an injury on 01/14/2014. The mechanism of injury was not provided. The documentation indicated the injured worker had 6 sessions of chiropractic therapy, physical therapy, and acupuncture treatment. The mechanism of injury was a slip and fall. The documentation of 04/28/2014 revealed the injured worker had decreased range of motion in the right arm, right wrist, and right hand. The injured worker complained of neck pain with accompanied stiffness, decreased range of motion and muscle spasms. The diagnosis included cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine musculoligamentous injury without discopathy, lumbar spine sprain and strain, right shoulder bicipital tendonitis, right shoulder sprain and strain, and right hand and wrist sprain. The treatment plan included chiropractic care and a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Improvement Measurement with functional improvement using NIOSH testing/ 30 days lumbar spine, 1 baseline and 1 P&S: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back: Functional Improvement Measures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

**Decision rationale:** The ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work and was at close to maximum medical improvement and that all additional secondary conditions have been clarified. There was a lack of documented rationale for repeat testing. Given the above, the request for Functional Improvement Measurement with functional improvement using NIOSH testing/ 30 days lumbar spine, 1 baseline and 1 P&S is not medically necessary.