

<b>Case Number:</b>	CM14-0108846		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational 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 58-year-old female with a 6/15/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/14/14, the patient rated her pain level at 4, on a scale of 0 to 10. She stated that she does not want to pursue surgery and she prefers conservative care. Her TENS unit helps with her ongoing pain. Objective findings: abnormal gait, no erythema or swelling of the right wrist noted tightness in the shoulder. Diagnostic impression: right shoulder tear, right pain in joint, wrist, cervical radiculopathy, tenosynovitis in extensor carpi radialis longus and distal radius, right wrist ligament tear as well as sleep issues. Treatment to date: medication management, activity modification, TENS unit, home exercise program A UR decision dated 6/27/14 denied the request for functional capacity evaluation. There is no specific vocational plan of care or job position or description that is available to the patient and requires further analysis on return to work capacity.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg.132-139; Official Disability Guidelines (ODG) Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In the reports reviewed, there is no documentation of the patient's work description and what type of activity level is required at work. In addition, there is no description of the patient wanting to return to work at this time or that she has had difficulty returning to work. Therefore, the request for Functional Capacity Evaluation was not medically necessary.