

<b>Case Number:</b>	CM14-0122296		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Illinois. 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 39-year-old who reported an injury on October 15, 2012. The mechanism of injury was not provided for clinical review. The diagnoses included cervical radiculitis, lumbosacral or thoracic neuritis or radiculitis, thoracic sprain/strain, lumbar sprain/strain, and gastritis. The previous treatments included physical therapy, medication, TENS (transcutaneous electrical nerve stimulation) unit. The diagnostic testing included an MRI. Within the clinical note dated July 14, 2014, it was reported the injured worker complained of neck and low back pain. She rated her pain 9/10 in severity. Upon the physical examination, the provider noted tenderness to palpation of the cervical spine, decreased sensation to light touch on C5-C8 on the right. The provider noted the range of motion was limited secondary to pain. The injured worker had a negative Spurling's test. The provider noted the injured worker had tenderness to palpation of the lumbar spine, tenderness to palpation of the right sacroiliac joint. The injured worker had decreased sensation to light touch at L4-5 on the right. The injured worker had a negative straight leg raise. The provider requested a Functional Capacity Evaluation. However, the rationale was not provided for clinical review. The request for authorization was submitted and dated July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (QFCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) - Chapter 7, Independent Medical Examinations and Consultations (2004) pg 137-8.

**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) Cornerstones of Disability Prevention and Management, page(s) 77-89. ODG) Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The Cornerstones of Disability Prevention and Management Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination, under some circumstances this can best be done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as routine use, as part of occupational rehab or screening, or generic assessment in which the question is whether someone can do any type of job generally. There was a lack of documentation indicating how the Functional Capacity Evaluation will aid the provider in the injured worker's treatment plan and goals. There was a lack of documentation upon the physical examination of other treatments the injured worker has undergone previously and the measurements of the progress with the prior treatments. The requesting physician's rationale was not provided for clinical review. The provider failed to mention whether a work hardening program would be recommended. Therefore, the request for a QFCE is not medically necessary or appropriate.