

<b>Case Number:</b>	CM14-0127645		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Practice 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 claimant is a 43 year old male who sustained a work injury on 1/13/14 involving the neck, right shoulder and back. He was diagnosed with cervical and lumbar strain. He had a normal MRI of the thoracic spine injury in 2014. He had undergone previous ultrasound, infrared and cryotherapy manipulation. He had used analgesics and muscle relaxes for symptomatic relief. On 7/3/14 the treating physician noted that the claimant had moderate to severe neck pain that radiated to the shoulders. Exam findings were notable for cervical spine spasms, right trapezius muscle tenderness, and positive impingement findings. The treating physician requested chiropractor therapy, interferential unit 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 Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC- Fitness for Duty Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs and Page(s): 30-31, 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional Capacity and pg 175.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.