

<b>Case Number:</b>	CM14-0145939		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Interventional Spine 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 patient is a 32-year-old male with a date of injury of 03/19/2012. The listed diagnoses per [REDACTED] are: 1. Craniofacial injury. 2. TBI. 3. Cervical sprain and stenosis. 4. Trauma labyrinthine concussion. 5. PTSD. 6.

Anxiety. According to progress report 06/06/2014, the patient presents with continued cervical spine pain. The patient also complains of pain in the thoracic spine. The sharp pain around her collar bone is worsening, and there was stiffness noted. Treatment history has included acupuncture, physical therapy, and medications. This is a request for a functional capacity evaluation. Utilization review denied the request on 08/20/2014. Treatment reports from 01/24/2014 through 06/06/2014 were reviewed.

### 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 ACOEM Chapter 7, Independent Medical Examinations and Consultations, page(s) 132-139; and on the Official Disability Guidelines, Fitness for duty

**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) ACOEM guidelines, Chapter 7, page(s) 137-139

**Decision rationale:** This patient presents with continued neck pain. The treater is requesting a functional capacity evaluation. A rationale for the request was not provided. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it, or if the information from FCE is crucial. A routine FCE is certainly not supported and in this case, the treater does not discuss why FCE is required. The request is not medically necessary.