

<b>Case Number:</b>	CM14-0155015		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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:

The injured worker is a 26-year-old male who sustained an injury on April 27, 2011. He is diagnosed with (a) musculoligamentous strain of the lumbar spine; (b) history of traumatic partial dislocation, relocation of the left shoulder; (c) post traumatic injury to the axillary nerve, posterior trunk of the brachial plexus with residual neuropathy and shoulder girdle atrophy, partial recovery; and (c) bilateral carpal tunnel syndrome. He was seen for an evaluation on June 26, 2014. He presented with complaints of pain, weakness, and numbness to the left upper extremity. The pain was rated 7/10. He also complained of low back pain. The examination of the lumbar spine revealed tenderness over the paraspinal muscles. There were 2+ muscle spasms noted. The range of motion was decreased. The straight leg raising test was positive at 45 degrees on the right. The examination of the bilateral hands revealed notable atrophy of the thenar and hypothenar eminence. There was tenderness over the transverse carpal ligament in both hands. Decreased sensation was noted at the left hand in both ulnar and median nerve distribution. There was decreased sensation in the right hand over the median nerve distribution. The Tinel's sign was positive bilaterally. The examination of the left shoulder revealed atrophy over the supraspinatus and infraspinatus muscle. There was also atrophy over the anterolateral aspect of the deltoid. There was discomfort with range of motion.

### 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 cite any medical evidence for its decision.

**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) Chapter 7 Independent Medical Examinations and Consultations, page(s) 136-139

**Decision rationale:** The request for a functional capacity evaluation is not medically necessary at this time. The ACOEM guidelines indicated that there is a question of reliability in solely using functional capacity evaluation to identify an injured worker's performance as this may be influenced by other factors that may not be medically related. Hence, the request for a Functional Capacity Evaluation is not medically necessary at this time.