

<b>Case Number:</b>	CM14-0176257		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 reported an injury on 11/29/2012. The mechanism of injury was not noted. His diagnoses were noted to include cervical discopathy, status post shoulder arthroscopy with subacromial decompression and Mumford resection, and left cubital tunnel syndrome. His past treatments included chiropractic therapy. On 08/27/2014, the injured worker complained of intermittent sharp pain of the cervical spine radiating to the upper extremities rated at 5/10, intermittent throbbing pain in the left shoulder rated at 4/10, intermittent throbbing pain in the left elbow rated at 5/10 and migraine headaches. An examination revealed tenderness to palpation of the cervical spine, limited range of motion with normal strength and sensation, positive Spurling's test, some restrictions with range of motion of the left shoulder, Hawkins and impingement were negative, and full range of motion with pain and full sensation in the elbow. His medications were not listed. The treatment plan included physical therapy two times a week for six weeks, a referral for a sleep study and a functional capacity evaluation to assess the patient's baseline limitations. A request was received for a Functional capacity evaluation. The Request for Authorization form was not submitted.

### 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The request for Functional Capacity Evaluation is not medically necessary. The California MTUS ACOEM Guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination which, under some circumstances, can best be done by ordering a functional capacity evaluation. The injured worker complained of intermittent pain in the cervical spine, left shoulder and left elbow. A recommendation was made for a functional capacity evaluation in addition to physical therapy. However, there was no documentation indicating the rationale for a functional capacity evaluation with details indicating why a more precise delineation of the injured worker's capabilities is needed. In the absence of this documentation, the request is not supported by the guidelines. Therefore, the request is not medically necessary.