

<b>Case Number:</b>	CM14-0178189		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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:

This patient is a 51 y/o female who had developed chronic neck, low back, shoulder, and wrist pain subsequent to an injury dated 11/16/12. She has been treated with right shoulder surgery, but continues to have limitations and discomfort in this shoulder. MRI studies show mild to moderate spinal spondylosis, but no neurological compromise and her spinal conditions are not surgical. She is noted to be working with significant restrictions. She reports increasing pain affecting her ADL's and work. There is no documentation with her employer regarding specific new work tasks that might be planned or appropriate for her.

### 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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations page 132-139

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations. Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.