

<b>Case Number:</b>	CM14-0182069		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 is a 57-year-old male with a 7/10/14 date of injury. The mechanism of injury occurred when he went to sit down in a chair, which slipped out from under him. He landed on his buttocks and hit his back on a cabinet. According to a progress report dated 9/25/14, the patient complained of neck pain, stress, anxiety, depression, and anger. Objective findings: limited cervical spine range of motion with spasms. Diagnostic impression: brachial neuritis/radiculitis, sprains and strains of neck. Treatment to date: chiropractic treatment. A UR decision dated 9/29/14 denied the request for Functional Capacity Evaluation. Guideline criteria have not been documented (such as case management hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified jobs, and/or injuries that require detailed exploration of a worker's abilities).

### 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 American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Independent Medical Evaluations and Consultations Chapter, Functional Capacity Evaluations (FCEs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. 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) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter - FCE

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the reports reviewed, it is noted that the patient has returned to work. There is no evidence of prior unsuccessful return-to-work attempts. In addition, there is no documentation of complex issues regarding the patient's return-to-work to establish the medical necessity of this request. Therefore, the request for Functional capacity evaluation is not medically necessary.