

<b>Case Number:</b>	CM14-0183164		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 & Rehabilitation 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 49-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not documented in the clinical records. The diagnoses included lumbar strain, cervical strain, thoracic strain and lumbar strain. The past treatments included physical therapy and surgical intervention. There was no official diagnostic imaging studies submitted for review. The surgical history included left shoulder arthroscopy. The subjective complaints on 07/12/2014 included left shoulder pain and neck pain. The physical exam noted decreased range of motion to the cervical spine, lumbar spine and left shoulder. The injured worker's medications included Diclofenac XR 100 mg, omeprazole 20 mg and tramadol ER 150 mg. The treatment plan was for physical therapy and a Functional Capacity Evaluation. A request was received for Functional Capacity Assessment. The rationale for the request was to determine an accurate impairment rating. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional Capacity Assessment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Functional Capacity Evaluation (FCE)

**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 evaluation (FCE).

**Decision rationale:** The request for Functional Capacity Assessment is not medically necessary. The Official Disability Guidelines recommend Functional Capacity Evaluations prior to admission to a work hardening program. There was a lack of documentation in the clinical notes that the injured worker is being admitted or considered for admission to a work hardening program. In absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.