

<b>Case Number:</b>	CM14-0021005		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2013

### 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 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 is a 24-year-old male patient with a 5/24/13 date of injury. The patient fell off a roof and sustained a compression fracture T10-11. The 12/4/13 progress report indicates frequent moderate to severe thoracic spine pain, radiating to the low back, constant severe left wrist and hand pain, occasional moderate headaches, low back pain traveling to the lower extremities. 10/23/13 physical exam demonstrates cervical spasm and tenderness, limited cervical range of motion, positive axial compression test, decreased left triceps reflex, and decreased right triceps reflex, lumbar spasm and tenderness, limited lumbar range of motion, decreased left patellar reflex, and spasm and tenderness to be bilateral shoulder. The 8/26/13 lumbar x-rays demonstrate no change in compression fractures of T12 and L1. Treatment to date has included medication, activity modification, and left thumb foreign body removal on 10/16/14, physical therapy, back brace.

### 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 Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Fitness for Duty Chapter), FCE.

**Decision rationale:** The California 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, the 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, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. It is unclear whether the patient is still considered a candidate for work hardening. Therefore, the request for Functional Capacity Evaluation was not medically necessary.