

<b>Case Number:</b>	CM14-0022179		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 59-year-old male with a date of injury of 08/16/2012. The listed diagnoses per [REDACTED] are acute cervical sprain, moderate degenerative cervical disease at C6 and C7, broad-based herniation of the C6-C7 disk, bilateral carpal tunnel syndrome, worse on the left than right, and lateral epicondylitis of the left elbow (tennis elbow). According to 11/22/2013 progress report by [REDACTED], the patient presents with continued complaints of neck pain that radiates into the upper extremities. The patient also has carpal tunnel syndrome and is in need of bilateral wrist surgery. The provider states the patient is a good candidate for a second cervical epidural injection as well. On 12/04/2013, the patient underwent a medical-legal functional capacity evaluation by [REDACTED]. On 01/22/2014, the patient continued to complain of pain and numbness into both hands. He has undergone a second epidural injection which relieved his symptoms by approximately 70%. The patient would like to undergo a third cervical epidural injection. At this visit, he was given a refill of Celebrex. The request is for retrospective 1 functional capacity evaluation, DOS: 12/04/2013. Utilization Review denied this request on 02/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: One Functional Capacity Evaluation DOS: 12/4/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 [Independent

Medical Examinations ad Consultations] and on the Official Disability Guidelines, Fitness for Duty Chapter, Procedure, Summary, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Functional capacity evaluations, page 137, 139

**Decision rationale:** This patient presents with neck and bilateral wrist complaints. The patient has been treated conservatively with medication and has recently undergone 2 cervical epidural steroid injections. The request is for retrospective functional capacity evaluation, DOS: 12/04/2013. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, [REDACTED] performed a functional capacity evaluation on 12/04/2013 without prior authorization. He does not provide any discussion on why the FCE is needed. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Therefore, this request is not medically necessary.