

<b>Case Number:</b>	CM14-0022446		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2014

### 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 and has a subspecialty in: Interventional Spine 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 54-year-old female with a date of injury of 03/03/2011. The listed diagnoses per [REDACTED] are: 1. cervical myalgia. 2. Posttraumatic rotator cuff tendinopathy, bilateral shoulders. 3. Bilateral wrist arthralgia, rule out underlying carpal tunnel syndrome. 4. Rule out fibromyalgia/myofascial pain syndrome. According to the progress report 09/18/2013 by [REDACTED], the patient presents with continued complaints of "aching discomfort" in regards to her shoulders. The patient states the pain is typically around 3/10. The patient also complains of persistent low back pain at this juncture. The treater states the patient is potential candidate for functional capacity evaluation to gauge her work capacity and for generation of a permanent and stationary report. On 12/11/2013, the patient presented with continued complaints of bilateral shoulder, back and knee complaints. She was given diagnosis of bilateral impingement and diffuse myofascial pain and directed to continue physical therapy and medications, Cymbalta and Celebrex. On 01/10/2014, [REDACTED] requested for authorization for "pain management consultation and treatment as well as a functional capacity evaluation for generation of permanent and stationary." Utilization Review denied the request on 02/03/2014.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines Functional Capacity Evaluations: (pgs.137,139)

**Decision rationale:** This patient presents with bilateral shoulder, knee, and low back complaint. The treater is recommending a Functional Capacity Evaluation for generation of a permanent and stationary status. 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 FCE's can predict an individual's actual capacity to perform in the workplace. FCE's are reserved for special circumstances when the employer or adjuster requests for it. FCE's are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. The treater appears to be asking for FCE for a routine evaluation which is not supported by the ACOEM. Recommendation is for not being medically necessary.