

<b>Case Number:</b>	CM14-0034262		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 05/24/2000. The mechanism of injury was noted to be lifting. Her previous treatments were noted to include use of a TENS unit, physical therapy, and medications. At her followup visit on 02/24/2014, the injured worker reported symptoms of ongoing lower back pain, left hip pain, and shoulder pain. She rated her pain 5/10. Her physical examination revealed decreased range of motion of the cervical spine, decreased range of motion of the left shoulder, and decreased range of motion of the lumbar spine. She was also noted to have motor strength deficits in her left shoulder, left elbow, right wrist, bilateral grip strength, and left lower extremity. A recommendation was made for a functional restoration program and a Functional Capacity Evaluation for baseline testing as a part of her functional restoration program initial evaluation. A request for authorization form was submitted on 03/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Functional Capacity Evaluation (FCE), QTY: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Treatment; Integrated Treatment/Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation (FCE).

**Decision rationale:** According to the California MTUS Guidelines, the criteria for admission to functional restoration program includes and adequate and thorough evaluation with baseline functional testing. However, the guidelines do not indicate that a Functional Capacity Evaluation is needed as part of a functional restoration program evaluation. The Official Disability Guidelines indicate that a Functional Capacity Evaluation may be recommended prior to admission to work hardening program or when case management is hampered by complex issues or when timing is appropriate. The clinical information submitted for review indicated that the requested Functional Capacity Evaluation was to be performed to evaluate baseline functional status prior to admission to a functional restoration program. However, as a Functional Capacity Evaluation is not indicated to be part of the criteria for admission to a functional restoration program and as the patient does not have any indication for Functional Capacity Evaluation according to the Official Disability Guidelines at this time, the request is not supported. As such, the request is not medically necessary.