

<b>Case Number:</b>	CM14-0035770		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 patient is a 32 year old female who has developed a widespread chronic pain syndrome subsequent to her injury dated 2/1/10. She experiences pain in the cervical and lumbar spine, bilateral shoulders, bilateral hips and upper extremities. She has had a left carpal tunnel release and a right carpal tunnel release was pending. She has also been treated with lumbar epidural injections and oral analgesics. There is no documentation of communications with any employer regarding pending job offers or specific job tasks that are being screened for.

### 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:** Decision based on MTUS ACOEM Page(s): 137-138.

**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 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138 Official Disability Guidelines (ODG) ODG - Fitness for Duty, Functional Capacity Evaluations.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are

consistent with recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.