

<b>Case Number:</b>	CM14-0038945		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Nevada. 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 48-year-old female who was reportedly injured on 7/26/2013. The mechanism of injury was noted as direct blow to the head and fall. The most recent progress note, dated 2/7/2014, indicated that there were ongoing complaints of headaches, neck pain radiating to the right shoulder, and low back pain. The physical examination demonstrated cervical spine decreased range of motion. Bilateral Shoulders range of motion was within normal limits. Bilateral elbows range of motion was within normal limits. Bilateral wrists range of motion was within normal limits. Bilateral forearms range of motion was within normal limits. Bilateral upper extremities muscle strength 5/5. Deep tendon reflexes 2+ bilaterally. Lumbar spine noted: Increase of the normal limits of lumbar lordosis. One plus midline tenderness noted. Decreased range of motion. Bilateral hips, knees, and ankles range of motion all within normal limits. Bilateral lower extremity muscle strength 5/5. Deep tendon reflexes 2+. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on 3/4/2014.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited) Page(s): 127.

**Decision rationale:** Functional Capacity Evaluation is an opinion about current work capability, and, if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. After reviewing the medical records provided, it was noted the injured worker has not made an attempt to return back to work after the initial injury. Therefore, without documented failure or inability to return to work, this request is deemed not medically necessary.