

<b>Case Number:</b>	CM14-0039526		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 is a 46-year-old man with a date of injury of 1/10/14. The mechanism of injury was being hit by an air tamper in the mouth, fracturing teeth. Injury to the low back, neck and shoulders is under investigation. The patient has had prior care at USHW's, including therapy, medications and chiropractic care. The patient was evaluated by an orthopedic specialist on 1/23/14. The patient appears to have had prior dental treatment, but it is unclear how much other orthopedic care was provided. He was given diagnoses of cervical disc herniation, lumbar disc displacement, thoracic sprain/strain, RTC sprain/strain and temporomandibular joint disorder. Recommendation was made for a program of physical medicine for 12 weeks with a QFCE to begin the program.

### 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 ODG-(Work Hardening Program) Criteria for Admission to a Work Hardening Program.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** The Guidelines do support use of the Functional Capacity Evaluation (FCE) when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. Another guideline supported use of an FCE is in context of a work hardening program, where this may be done to help demonstrate benefit of the program. In this case, a work hardening program is the primary request, with the FCE being requested prior to initiation of this program. Unfortunately, guideline criteria for the work hardening program is not met, and medical necessity is not established for that treatment. Therefore, if guideline criteria is not met for work hardening and authorization not given for work hardening, the requested FCE as a component of the work hardening program is not medically necessary.