

<b>Case Number:</b>	CM14-0051685		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/30/2008
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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:

The patient is a 47-year-old male who has submitted a claim for cervical disc herniation with myelopathy, adhesive capsulitis of bilateral shoulders, bursitis and tendinitis of bilateral shoulders, medial and lateral epicondylitis of right elbow, bilateral carpal tunnel syndrome, bursitis and tendinitis of bilateral hands/wrists, tendinitis/bursitis of bilateral hips, chondromalacia patellae of bilateral knees, bursitis of bilateral knees, plantar fasciitis of both feet, and bilateral calcaneal spurs associated with an industrial injury date of 08/30/2008. Medical records from 10/22/2013 to 07/07/2014 were reviewed and showed that patient complained of intermittent pain in bilateral shoulders, right elbow, bilateral wrists and hands, bilateral knees, cervical spine, bilateral hips, bilateral ankles and feet. Physical examination of the cervical spine revealed spasm and tenderness over C4-C7 paraspinal and occipital muscles bilaterally. Limited cervical spine ROM was noted. Axial compression, distraction, and shoulder depression tests were positive bilaterally. Physical examination of the shoulders revealed tenderness over the rotator cuff muscles bilaterally. Limited shoulder ROM was noted. Speed's and supraspinatus tests were positive bilaterally. Codman's test was positive on the left shoulder. Physical examination of the right elbow revealed spasm and tenderness over the lateral and medial epicondyles and decreased right elbow ROM. Cozen's and reverse Cozen's tests were positive on the right. Physical examination of bilateral wrist and hands revealed tenderness over bilateral anterior wrists, posterior extensor tendons, and thenar eminences. Wrist ROM decreased bilaterally due to pain. Bracelet and Phalen's tests were positive bilaterally. Physical examination of the hip revealed decreased bilateral hip ROM and positive Faber's test bilaterally. Physical examination of bilateral knees revealed tenderness over the anterior joint lines, decreased bilateral knee ROM secondary to pain, and positive McMurray's and Clarke's tests bilaterally. Physical examination of bilateral ankle and feet revealed spasm and tenderness over bilateral

lateral malleoli and anterior heels, decreased ankle ROM bilaterally, and positive Valgus stress test bilaterally. MRI of the cervical spine dated 03/04/2014 revealed straightening of cervical lordosis and disc protrusion at C5-6 and C6-C7. Treatment to date has included physical therapy and topical pain medications. Utilization review dated 03/20/2014 denied the request for Qualified Functional Capacity Evaluation because failed attempts at returning to work are not evident and there is limited evidence of extenuating circumstances that necessitate qualified functional capacity evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Qualified 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- Treatment in Worker's Compensation , Functional Capacity Evaluation (FCE).

**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) Chapter 7, page (s) 132-139.

**Decision rationale:** As stated on pages 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there was no documentation of failed return to work attempts. Subjective and objective findings do not indicate that the patient is close to maximum medical improvement. The patient does not meet the criteria for functional capacity evaluation as recommended by the guidelines. Therefore, the request for qualified functional capacity evaluation is not medically necessary.