

<b>Case Number:</b>	CM14-0060724		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of January 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated April 3, 2014, the claims administrator denied a request for functional capacity testing, citing the MTUS Functional Improvements Measures topic. The applicant's attorney subsequently appealed. In a progress note dated May 7, 2014, the attending provider appealed the previously denied functional capacity evaluation. The applicant was described as using Motrin, hypertension medications, dyslipidemia medications, Zantac, and naproxen. The applicant had issues of weakness about the right arm and right shoulder and had difficulty lifting lids on cans and bottles. The applicant did exhibit 4 to 8 pounds of grip strength about the right hand versus 20 to 22 pounds of grip strength about the left hand. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clear whether or not the applicant was working. The applicant expressed some concerns about numbness in her hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE) of the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, it is not clearly stated why, how, or if it is necessary to translate medical impairment into limitations and restrictions. It is unclear whether the applicant is in fact working with a rather proscriptive 10-pound lifting limitation in place. It is not clearly stated why formal quantification of the applicant's abilities and capabilities are needed or indicated here. Therefore, the request is not medically necessary.