

<b>Case Number:</b>	CM14-0061236		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 injured worker is a 63-year-old male with a reported date of injury of 07/11/2013. The mechanism of injury was noted to be repetitive trauma. His diagnoses are noted to include carpal tunnel syndrome, tendinitis/bursitis of the right hand/wrist, adhesive capsulitis of the right shoulder and rotator cuff syndrome of the right shoulder. His previous treatments were noted to include physical therapy and medications. The injured worker had a Qualified Functional Capacity Evaluation performed 10/22/2013. The Functional Capacity Evaluation revealed the injured worker did not meet the strength requirements to work as a machine operator. The progress note dated 02/26/2014, revealed the injured worker complained of intermittent moderate to severe pain that was described as sharp, caused by raising the arm and overuse. The injured worker complained of weakness to the right upper extremity. The injured worker complained of occasional slight pain that was described as aching, aggravated by overuse and gripping, and describe tingling, numbness and weakness to the right hand and wrist. The physical examination of the shoulders revealed a +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. The Speed's test and supraspinatus test were positive on the right. The physical examination of the wrists/hands revealed deep tendon reflexes were within normal limits and there was a +3 spasm and tenderness to the right anterior extensor tendons, right anterior wrist and right thenar eminence. There was a positive Tinel's, bracelet and Phalen's tests bilaterally. The Request for Authorization form was not submitted within the medical records. The request was for a physical medicine Functional Capacity Evaluation to the upper extremities to demonstrate improvement of function or maintenance of function that would otherwise deteriorate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine Functional Capacity Evaluation Upper Extremities: 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 Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation.

**Decision rationale:** The request for physical medicine Functional Capacity Evaluation to the upper extremities is non-certified. The injured worker has had a previous Functional Capacity Evaluation in 10/2013. The Official Disability Guidelines recommend Functional Capacity Evaluations prior to admission to a work hardening program with preference for assessments tailored to a specific job or task. Functional Capacity Evaluations are not recommended as routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job generally. Both job specific and comprehensive FCEs can be valuable tools in clinical decision making for the injured worker. However, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Functional Capacity Evaluation, as an objective resource for disability managers is an invaluable tool in the return to work process. The guidelines for performing an FCE are that it is recommended prior to a work hardening program with preference for assessments tailored to a specific job or task. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. An FCE is not as effective when referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. The guidelines state consider an FCE if case management is hampered by complex issues, such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The timing is appropriate such as at close or at maximum medical improvement/all key medical reports are secured and additional/secondary conditions are clarified. The guidelines state do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation provided indicated the injured worker was waiting for authorization for shoulder surgery and has had a previous FCE 10/2013. The documentation indicated a work hardening program was requested in January. However, with pending shoulder surgery a repeat FCE is not appropriate at this time. Therefore, the request is non-certified.