

<b>Case Number:</b>	CM14-0066280		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 68-year-old female with an injury date of 11/30/11. Based on the 03/31/14 progress report provided by [REDACTED], the patient complains of cervical spine and bilateral wrist pain. In regards to her cervical spine, the patient has tenderness to palpation around the paracervical as well as limited ranges of motion and myospasms. The volar carpal ligament of the left wrist is tender to palpation. A positive Tinel's test is noted. The right wrist had mildly positive tests for tenderness to palpation noted over the thenar region. The patient's diagnoses include the following: cervical spine strain with radicular complaints; magnetic resonance imaging (MRI) evidence (01/26/12) of discopathy at C5-6, C6-7; electromyography (EMG) evidence (03/06/12) of severe right carpal tunnel syndrome, and marked left carpal tunnel syndrome; status post right carpal tunnel release (04/18/13) ; double crush syndrome; and status post left carpal release surgery. [REDACTED] is requesting for a functional capacity evaluation. The utilization review determination being challenged is dated 04/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 06/07/13- 03/31/14.

### 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 ACOEM Practice Guidelines, Chapter 7:

Independent Medical Examinations and Consultations, page 137-138 Official Disability Guidelines (ODG), Fitness For Duty Chapter, 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: Independent Medical Examinations and Consultations, page 137-139.

**Decision rationale:** According to the 03/31/14 report by [REDACTED], the patient presents with cervical spine and bilateral wrist pain. The request is for a functional capacity evaluation to determine the current and future appropriateness of the required job duties for the employee. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: Functional capacity evaluations may establish physical abilities, and facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. The 03/31/14 report states that this evaluation is important in order to be able to accurately address the patient's ability to work for preparation of permanent and stationary report. FCE's is not a good measure determining a patient's ability to work. Recommendation is not medically necessary.