

<b>Case Number:</b>	CM14-0074429		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 57-year-old female who has submitted a claim for right elbow sprain/strain, right wrist sprain/strain, and right upper extremity overuse syndrome; associated with an industrial injury date of 10/12/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of right wrist and right elbow pain. Physical examination showed tenderness of the right forearm, lateral epicondyle, and the anterior and posterior aspect of the right wrist. Spasms were noted. Range of motion was within normal limits, but with pain at the end of motion. Phalen's test was positive. Weakness in the right arm and hand were noted. Sensation was normal. A progress report, dated 03/31/2014, stated that the patient may continue to work with restrictions. Treatment to date has included medications, and chiropractic therapy. Utilization review, dated 04/24/2014, denied the request for functional capacity evaluation. The reason for denial was not provided.

### 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 - Functional Capacity Evaluations.

**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 (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139.

**Decision rationale:** According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, the treating physician may order functional capacity evaluations (FCEs) if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. 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, a progress report, dated 03/31/2014, stated that the patient might continue to work with restrictions. A formal functional capacity evaluation was requested to determine the current and future appropriateness of the required job duties for the employee, in preparation for a permanent and stationary evaluation. However, there was no documentation of failed return to work attempts, as the patient has returned to work with restrictions. 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 functional capacity evaluation is not medically necessary.