

<b>Case Number:</b>	CM14-0077409		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 52-year-old female who reported an injury on 10/05/2013 due to cumulative trauma. On 05/06/2014, the injured worker presented with complaints of continued neck pain, right shoulder pain, left shoulder pain, and continuous right wrist and hand pain. She also had complaints of continuous low back pain and frequent left hip pain. Upon examination of the cervical spine, there was tenderness to the bilateral paraspinals and upper trapezius. There was pain in full range of motion. Examination of the thoracic spine revealed tenderness on the bilateral paraspinals. Examination of the lumbar spine noted tenderness on the bilateral paraspinals and quadratus lumborum. There was a positive bilateral straight leg raise. The range of motion values for the lumbar spine revealed 20 degrees of flexion, 10 degrees of extension, 10 degrees right flexion, and 10 degrees of left flexion. Examination of the shoulder and upper arms revealed tenderness to the right upper trapezius rotator cuff, bicipital groove, and acromioclavicular joint. Range of motion values for the right shoulder were 90 degrees of flexion, 100 degrees of abduction, 40 degrees of extension, 40 degrees of adduction, 70 degrees of internal rotation, and 80 degrees of external rotation. There was a positive impingement and Yergason's test. Examination of the wrist and hand noted paresthesias to light touch and pinprick on the right fourth and fifth fingers. The diagnoses were cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, and right fourth and fifth finger paresthesias. Prior therapy included a topical gel. The provider recommended a functional capacity evaluation, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (Functional Capacity Evaluation):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluation.

**Decision rationale:** The request for a FCE (Functional Capacity Evaluation) is not medically necessary. The California MTUS/ACOEM Guidelines state that a functional capacity evaluation may be necessary to obtain a more precise designation of the injured worker's capabilities. The Official Disability Guidelines further state that a functional capacity evaluation is recommended, and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional capacity evaluations are not recommended for routine use. There is lack of documentation of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of other treatments the injured worker underwent previously and the measurement of progress, as well as the efficacy of the prior treatments. As such, the request is not medically necessary.