

<b>Case Number:</b>	CM14-0085669		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 03/16/2013 due to cumulative trauma. On 11/19/2013, the injured worker presented with neck headaches, left wrist and hand, right hand and fingers, bilateral knee and left shoulder pain. Upon examination of the cervical spine, there was +2 spasm and tenderness to the bilateral paraspinal muscles from C3-7, bilateral suboccipital muscles and bilateral upper shoulder muscles. There was a positive distraction test bilaterally and a positive shoulder depression test bilaterally. There was decreased bilateral bicep reflex. Upon examination of the shoulder, there was +2 spasm and tenderness to the left upper trapezius and left rotator cuff muscles. There was a positive Speed's and supraspinatus test on the left side. Examination of the bilateral hands and wrists noted +3 spasm and tenderness to the bilateral anterior wrist and thenar eminences, there was a positive bilateral Tinel's. Examination of the bilateral knee is noted +3 spasm and tenderness and a positive valgus test bilaterally and a positive McMurray's test bilaterally. The diagnoses were cervical disc herniation with myelopathy, tear of the medial meniscus at the bilateral knees, chondromalacia of the patellar, cervical cranial syndrome, carpal tunnel syndrome, tendinitis/bursitis in the bilateral hands, rotator cuff syndrome of the left shoulder, tension headache and unspecified skin infection. Prior therapy included physical therapy and medications, the provider recommended a Functional Capacity Evaluation, the provider's rationale was not provided. A 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:

**Qualified Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, pages 132-139, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.23. Decision based on Non-MTUS Citation ODG (Fitness for Duty Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention 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 Functional Capacity Evaluation is non-certified. The California MTUS/ACOEM state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation 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 of 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 was lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lacked evidence of other treatments the injured worker underwent previously and the measures of progress as well as efficacy of prior treatments. There is lack of documentation that the injured worker has failed an attempt to return to work to determine restrictions. The provider's rationale for the request was not provided within the medical documents for review. As such, this request is not medically necessary.