

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0090011 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 09/06/2013 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 06/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/14/2014 |

### 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 33-year-old male with a reported injury on 09/06/2013. The mechanism of injury was noted to be from a fall. His diagnoses were noted to include status post thoracic spine surgery, most recent of lead removal of hardware, chronic thoracic pain, and rule out cervical radiculopathy. His previous treatments were noted to include surgery, medications, and physical therapy. The progress note dated 06/03/2014 revealed the injured worker reported pain to his mid back with no radiation to his shoulders, arms or legs. The injured worker indicated he felt he had pain the size of a ball in the middle of his back with tingling in his elbows. The injured worker indicated he had no lower back pain or feet numbness. The injured worker indicated that he did not drive to the appointment and his last therapy session was mid December. The physical examination of the upper extremity and upper back was, had normal range of motion. The range of motion for the shoulders was within normal limits. There was pain in the thoracic spine on right and left lateral to the vertical scar. Motor examination revealed full power, 5/5 of upper, both proximal and distal bilaterally. The sensory examination revealed reduction in the right median distribution. Deep tendon reflexes were symmetrical throughout the upper extremities. The Request for Authorization form was not submitted within the medical records. The request was for a functional capacity evaluation, however, the provider's rationale is not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 a functional capacity evaluation is non-certified. The injured worker has normal The request for a functional capacity evaluation is not medically necessary. There is a lack of documentation regarding the injured worker returning to work or entering a work hardening program. The guidelines state the Functional Capacity Evaluation must be job specific and there is lack of documentation regarding the job specific requirement for the Functional Capacity Evaluation to assess. Therefore, the request is not medically necessary.