

<b>Case Number:</b>	CM14-0091244		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 and Environmental Medicine and is licensed to practice in Ohio and West Virginia. 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:

This individual is a 61 year old female who sustained a neck related industrial injury 4-29-14. She complains of ( 6-8/10) pain in her neck which radiates to her upper extremities, bilateral shoulder pain (7/10), bilateral arm and hand pain (6/10) and lower back pain (8/10) (subjective). Range of motion of the cervical spine, lumbar spine and bilateral shoulders were restricted and painful in all planes. She had splinting, guarding and tenderness noted on palpation (objective). MRI was performed 5-2014 and showed moderate disc disease to the cervical and lumbar spine. The individual did 6 weeks of chiropractic manipulation and acupuncture after the date of injury. Individual is noted to have had an abnormal bilateral upper extremity EMG. She has requested a Functional Capacity Evaluation for determination of ability and to direct further therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Fitness for Duty, Functional capacity evaluation (FCE)

**Decision rationale:** ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The injured worker has neck pain that radiates to her upper extremities, bilateral shoulder, arm and hand pain with lower back pain, as well. The date of industrial injury was 4-29-14. A FCE can be a valuable tool in clinical decision-making for the injured workers return to work but there are specific guidelines in the MTUS and ODG guidelines for when an FCE should be done. The CA MTUS provides specific guidance when an FCE should be done. ODG guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program.", "An FCE is time-consuming and cannot be recommended as a routine evaluation.", "Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. The individual does have positive findings on her EMG study and significant cervical and lumbar disease, which was apparently not available for the first review. Her case seems to involve complex issues, and she has tried, medication, manipulation, acupuncture, exercise and cold therapy. Therefore, Functional Capacity Evaluation is medically necessary.