

<b>Case Number:</b>	CM13-0008045		
<b>Date Assigned:</b>	09/09/2013	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female, who sustained an industrial injury on 9/20/2012. The current diagnoses are cervical radiculopathy, thoracic sprain/strain, and shoulder/elbow/wrist tendinitis/bursitis. According to the progress report dated 5/6/2013, the injured worker complains of neck pain with radiation into the right upper extremity associated with numbness, tingling, and weakness. Additionally, she reports thoracic spine pain and difficulty sleeping. The current medication list was not available for review. Treatment to date has included medication management, modified duty, heat/ice, MRI studies, physical therapy, and acupuncture. The plan of care includes 12 physical therapy sessions to the cervical spine, purchase of cervical spine traction device, and functional capacity evaluation for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 137 states.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to the right upper extremity. The current request is for FUNCTIONAL CAPACITY EVALUATION FOR THE CERVICAL SPINE. The requesting treating physician report was not found in the documents provided. The UR report was also not provided for review. A report dated 12/16/13 (58B) notes that the patient was currently working. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the requesting treating physician was not provided for review and therefore there is no explanation of why an FCE is crucial. There is no evidence showing that the FCE was requested by the employer or the claims administrator. Furthermore, there is no evidence in the documents provided that suggests the patient is unable to return to work and a report dated 12/16/13 (58B) notes that an FCE was already performed on 09/09/2013. The ACOEM guidelines require much more documentation to recommend a functional capacity evaluation. Recommendation is for denial. The request is not medically necessary.