

<b>Case Number:</b>	CM14-0152001		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 46-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, neck, and wrist pain reportedly associated with an industrial injury of January 13, 2012. In a Utilization Review Report dated August 18, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator referenced non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines in its determination. An RFA form of August 6, 2014 was referenced in the determination. The claims administrator stated that the attending provider failed to attach a progress note to the RFA. The applicant's attorney subsequently appealed. In a progress note dated June 20, 2014, the applicant reported ongoing complaints of wrist pain. The applicant's work status was not provided. Some sort of computerized range of motion and/or strength testing were performed. In an August 6, 2014 RFA form, a functional capacity evaluation was proposed. No clinical progress notes were attached. The applicant's work and functional status were not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION FOR LUMBAR SPINE, CERVICAL SPINE, AND LEFT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FUNCTIONAL CAPACITY EVALUATION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the proposed functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and/or to determine work capability, in this case, however, no clear rationale or clinical progress note accompany the August 2014 RFA form. It was not clearly stated why the FCE at issue was being sought. The applicant's work and functional status were not outlined. It was not clearly established how the proposed FCE would influence or alter the treatment plan. Therefor, the request was not medically necessary.