

<b>Case Number:</b>	CM14-0190605		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal Medicine, 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 (IW) is a 47-year-old woman with a date of injury of April 4, 2014. During the course of employment, she sustained injury to her neck, back, right shoulder, right elbow, right wrist and hand, left hip, and left knee. While walking into a hospital, her shoe got stuck on the corner of ground molding which caused her to trip and fall forward. She states that she lost consciousness for a few seconds. Upon retaining consciousness, she felt immediate pain to her right upper extremity, left hip and knee, and back. She was evaluated by the company clinic and x-rays were performed to her left knee and right wrist. Results were normal. She was given a left knee brace, a right wrist support, and medications. She was to return to work on light duties. Her employer could not accommodate the light duty and she was placed on TTD. Pursuant to the progress report dated September 8, 2014, the IW complains of pain in the thoracic spine rated 5/10, shoulder pain rated 5/10, right hand pain rated 4/10, left knee pain rated 5/10, and left hip pain rated 5/10. The IW states overall, she is improved. She is currently taking Advil for pain, and Omeprazole as needed. She is attending physical therapy 2 times per week. She performs home-based exercises and walks, which helps with her symptoms. Objective physical findings revealed tenderness and spasms to the bilateral paraspinals. Midline tenderness was present at C5-C6, and C6-C7. There were right shoulder deltoid spasms. Empty can supraspinatus test was positive for impingement. There was tenderness and spasms to the lumbar paraspinals bilaterally. Tenderness was present at L4-L5. The left knee was tender at the joint line. McMurray's internal and external rotation was positive. Dermatome evaluation was equal in C6, C7, and C8 bilaterally. The IW was diagnosed with cervical region disc disorder; lumbar region disc disorder; right rotator cuff partial tear; tear of medial cartilage or meniscus of the left knee; carpal tunnel syndrome; and right elbow cubital tunnel syndrome. The provider is requesting authorization for a functional capacity evaluation to assess her current abilities and limitations

prior to considering permanent and stationary status. The IW has not worked since her date of injury of April 4, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, pPages 137-138

**Decision rationale:** Pursuant to the ACOEM practice guidelines, Functional Capacity Evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker sustained an injury on April 4, 2014 to the neck, back, right shoulder, right elbow, right wrist and hand, left hip and left knee while walking into a hospital. The injured worker was diagnosed right wrist and hand. The injured worker was to return to work, modified duty, but the employer was unable to accommodate the injured worker. The injured worker was referred to physical therapy for two weeks with no improvement. The documentation does not state whether the work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. Additionally, there is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Consequently, a Functional Capacity Evaluation is not medically necessary.