

<b>Case Number:</b>	CM14-0193720		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

This 33 year-old CNA sustained an injury on 7/12/13 while employed by [REDACTED]. The Request(s) under consideration include Functional Capacity Evaluation. The diagnoses include lumbosacral neuritis; cervical radiculopathy; and bilateral shoulder tendinitis/bursitis. Conservative care has included medications, therapy, acupuncture, psychotherapy, and modified activities/rest. A report from the provider noted the patient with improved headaches from Elavil and acupuncture treatment; improved neck pain with stiffness. An exam showed unchanged TTP, guarding, and spasm of the cervical spine with improved range, decreased spasm; tenderness at occiput and temporal regions; decreased sensation at C6 dermatome bilaterally with difficulty in arm elevation movements. The treatment included unchanged work restrictions of 20 pounds limitation; however, the patient remained not working. The patient has follow-up with neurologist post MRI of brain; AME has not deemed the patient permanent and stationary and recommended further acupuncture and review of electrodiagnostics. The request(s) for Functional Capacity Evaluation was non-certified on 10/23/14 citing guidelines criteria and lack of medical necessity.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Independent Medical Examinations and Consultations, pages 137-138

**Decision rationale:** The request(s) for Functional Capacity Evaluation was deemed not medically necessary on 10/23/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for treatment, remaining functionally disabled without significant improvement from this chronic injury of 2013. It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, acupuncture treatment, psychotherapy, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.