

<b>Case Number:</b>	CM14-0200556		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Family Practice and is licensed to practice in Florida. 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 is a 41-year-old female with a date of injury of September 12, 2014. Results of the injury included pain in the left hand, forearm, neck, and left shoulder. Diagnosis include musculoligamentous injury, cervical spine, cervical spine radiculopathy, cephalgia, left shoulder ACJ arthrosis, Left shoulder impingement syndrome, left shoulder biceps tendonitis, and left forearm sprain strain. Treatment included bio freeze, hot pack, physical therapy, and a sling. Left shoulder examination showed AC joint tenderness, biceps tenderness, rotator cuff tenderness with decreased range of motion. Neers and Hawkins test were positive. Work Status was noted with restriction. Treatment plan was to request for a functional capacity evaluation, home exercise program, naproxen, tramadol, and norflex. Utilization review form dated November 6, 2014 non-certified Functional capacity evaluation according to MTUS guideline recommendations.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-138, Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines Page(s): 12.

**Decision rationale:** According to California MTUS guidelines, "At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis." Regarding this patient's case, documentation suggests that the patient has not reached maximum medical improvement. This patient's treatment plan is ongoing. Likewise, a functional capacity evaluation would not be appropriate at this time. Therefore, this request for a Functional Capacity Exam is not medically necessary.