

<b>Case Number:</b>	CM14-0205132		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/15/1999
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 New York. 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 55 year old woman with a date of injury of 10/15/99. She was seen by her provider on 9/23/14 with complaints of neck, bilateral elbow and right wrist pain. She was taking her medications as prescribed and had not tried any new forms of therapy. She was tolerating her medication and her home exercise. Her exam showed that Spurling's maneuver of the cervical spine caused pain the neck muscles radiating to her upper extremity. Shoulder strength was 5/5 (biceps and triceps). Wrist extension was 4/5 on the right and 5/5 on the left. Straight leg raise was positive on the left. Hip flexion on the left was 4/5 and 5/5 on the right. Knee and foot strength was 5/5. Her diagnoses were severe major depression, single episode and adjustment disorder with mixed anxiety and depressed mood. At issue in this review is the referral to a functional restoration program.

### 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 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention Page(s): 12, 21.

**Decision rationale:** Per the ACOEM, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This injured worker was already able to participate in activities and a home exercise program and the records do not support that the worker has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation. Therefore, the request is not medically necessary.