

<b>Case Number:</b>	CM14-0207552		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: 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:

Patient is a 45 year-old male with date of injury 07/01/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/17/2014, lists subjective complaints as pain in the low back and bilateral shoulders. Objective findings: Examination of the lumbar spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from L3-S1, multifidus and left piriformis muscle. Kemp's test was positive bilaterally. Straight leg raising test was positive bilaterally. The L4-S1 myotomes showed marked weakness bilaterally. Examination of the bilateral shoulders revealed +2 spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Speeds test was positive bilaterally. Supraspinatus test was positive bilaterally. Diagnosis: 1. Lumbar disc displacement with myelopathy 2. Sciatica 3. Partial tear rotator cuff tendon of the bilateral shoulders. Patient has completed 9 work hardening sessions and 15 acupuncture therapy sessions for which the requesting physician opined he showed significant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualified 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 and on the Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

**Decision rationale:** The Official Disability Guidelines state that a Functional Capacity Evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional Capacity Evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Qualified Functional Capacity Evaluation is not medically necessary.