

<b>Case Number:</b>	CM14-0209430		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 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 injured worker's date of injury is 02/11/2014. The initial injury was the result of a fall while seated in a chair which led to the patient striking her head. Radiographs showed a left shoulder A/C separation and some degenerative disc disease at C5-C6. Medications prescribed include Fluriflex, TGHOT, cyclobenzaprine, and Motrin. Other treatments include hot and cold unit, shockwave treatment for the right elbow, and an interferential unit. Electrodiagnostic studies were performed for the upper extremities. The patient received physical therapy.

### 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs). Page(s): 49.

**Decision rationale:** This injured worker has chronic neck and shoulder pain. The main challenge in recommending these programs lies in the fact that studies have failed to agree on how to appropriately screen for inclusion in these programs. Per MTUS, while there is some evidence

for recommending these programs for low back pain, there is little scientific evidence for recommending these programs for neck and shoulder pain. The request for Functional Capacity Evaluation is not medically necessary.