

<b>Case Number:</b>	CM14-0210337		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	04/15/2015	<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. 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 44-year-old female with an industrial injury dated 08/20/2013. She states she was carrying heavy aluminum parts for airplanes when she felt pain in her left arm radiating to the left elbow. She presented on 10/23/2014 with complaints of moderate, occasionally severe left arm pain that radiates to her left shoulder and neck and is accompanied by numbness, tingling, burning sensations and weakness. She also complains of left elbow pain. Physical exam noted tenderness to palpation over the lateral epicondyle. She had full range of motion but experienced pain at end ranges. There was no tenderness of the bilateral wrists and she had full range of motion. There was decreased grip strength on the left. Prior test included electro diagnostic studies (EMG/NCV) of the bilateral upper extremities, which were normal. MRI dated 09/30/2014 showed infraspinatus tendinosis and minimal subscapularis bursitis. MRI of left elbow dated 09/30/2014 came back unremarkable. Physical therapy had been requested. Diagnosis: Left shoulder sprain/strain with myospasm. Left elbow sprain/strain. Left shoulder tendinosis. Left shoulder bursitis On 11/13/2014 the request for functional capacity evaluation was non-certified by utilization review. MTUS, ACOEM and ODG were cited.

### 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:** Decision based on MTUS ACOEM Page(s): 75-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The official disability guidelines indicate that a functional capacity evaluation is needed if there has been unsuccessful return to work attempts or if the injured employees at or near maximum medical improvement. The most recent progress note dated October 23, 2014 states that the injured employee was recommended to be placed on modified duty and additional treatment was also recommended. As such, this request for a functional capacity evaluation is not medically necessary at this time.