

<b>Case Number:</b>	CM14-0080353		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 65 year old male with an injury date on 9/22/10. The patient complains of L-spine pain rated 3/10, and right shoulder pain rated 3/10 per 6/10/14 report. The patient also has numbness/tingling into the right lower extremity which is a new symptom per 4/9/14 report. The patient is s/p 3 lumbar epidural steroid injections from the last visit per 6/10/14 report. The patient had 24 physical therapy sessions with unspecified efficacy per 5/9/14 report. Based on the 6/10/14 progress report provided by the treating physician, the diagnoses are: 1. L/S disc protrusion 2. R shoulder tendinosis A physical exam on 6/10/14 showed "tenderness to palpation of L-spine. Right shoulder AROM Flexion 170. The patient's treatment history includes medications, acupuncture, physical therapy (24 sessions), epidural steroid injections. The treating physician is requesting functional capacity evaluation. The utilization review determination being challenged is dated 6/26/14. The requesting physician provided treatment reports from 1/9/14 to 7/10/14.

### 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: FCE (Functional Capacity Evaluation)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Functional Capacity Evaluation, page 137-138

**Decision rationale:** This patient presents with back pain, right shoulder pain. The treater has asked for functional capacity evaluation on 6/10/14. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. The requesting progress report does not provide an explanation for the necessity of the functional capacity evaluation. Routine FCE's are not supported by the guidelines. The request is not medically necessary.