

<b>Case Number:</b>	CM15-0105743		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

Electrodiagnostic testing performed November 10, 2014, revealed a normal EMG (electromyography) and nerve conduction study of the right upper extremity. According to a treating physician's re-examination report, dated April 15, 2015, the injured worker presented reporting doing slightly better with her cervical spine and right wrist pain. Objective findings document tenderness about the cervical spine and right wrist. X-rays of the cervical spine (three views) show persistent loss of cervical lordosis. X-rays of the right hand (three views) and right wrist (three views) show no increased degenerative changes. Diagnoses are documented as cervical disc herniation and right hand carpal tunnel syndrome. Treatment plan included an authorized urine toxicology screen and at issue, a request for authorization for a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation of the cervical spine and right hand/wrist CTS:** Overturned

**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, Functional capacity evaluation (FCE).

**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, p64.

**Decision rationale:** The claimant sustained a work injury in March 2003 and is being treated for cervical spine and right wrist pain. EMG/NCS testing in November 2014 was negative. When seen, she had improved and was approaching maximum medical improvement. Physical examination findings included cervical spine and right wrist tenderness. The claimant job requirements were reviewed. Authorization for a functional capacity vibration was requested in order to assess the claimant's level of impairment and determine whether there would be any necessary future work restrictions. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned and she is considered near maximum medical improvement. Obtaining a Functional Capacity Evaluation to determine the claimant's work capacity and need for any restrictions or limitations is therefore, considered medically necessary.