

<b>Case Number:</b>	CM15-0107951		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male, who sustained an industrial injury on August 25, 2014. He reported falling and landing forward with his hands out stretched in front of him, with a left wrist fracture. The injured worker was diagnosed as having left distal radius fracture, lumbar spine sprain, major depressive disorder per psychiatrist, and right eye pulsation and pain. Treatment to date has included physical therapy, home exercise program (HEP), x-rays, and medication. Currently, the injured worker complains of headaches, difficulty sleeping, stress, and left wrist pain and lower back pain. The Primary Treating Physician's report dated April 20, 2015, noted the injured worker reported his left wrist and lower back pain was better with therapy and home exercises. Physical examination was noted to show decreased range of motion (ROM) of the left wrist and lumbar spine, with midline and paraspinal tenderness of the lumbar spine, and decreased grip strength of the left hand. The treatment plan was noted to include requests for authorization for continued evaluation and treatment by the psychologist/psychiatrist, continued home exercise program (HEP) for the orthopedic injuries, an upcoming ophthalmology appointment, and arrangement for a Functional Capacity Evaluation (FCE).

### 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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 132- 139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient presents with lower back and left wrist pain. The request is for Functional Capacity Evaluation. The request for authorization is not provided. Physical examination reveals midline and paraspinal tenderness with decreased range of motion of the lumbar spine. Decreased grip strength of the left hand and decreased range of motion of the left wrist. Patient has had 11 sessions of physical therapy. Patient is to continue with home exercises for the orthopedic injuries. Per progress report dated 04/20/15, the patient is to remain off-work. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137- 139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per progress report dated 04/20/15, treater's reason for the request is "I will arrange for the patient to get a Functional Capacity Evaluation for his orthopedic injuries in contemplation of MMI status." And it appears the patient has been referred by the treater for a Functional Capacity Evaluation on 05/21/15, prior to authorization. In this case, the patient has undergone conservative treatment in the form of medications, physical therapy and home exercise program, but continues to have pain. However, provided progress reports do not mention a request for a Functional Capacity Evaluation from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the request is not medically necessary.