

<b>Case Number:</b>	CM15-0108259		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/21/2015
<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 47-year-old female, who sustained an industrial injury on 3/27/2013. Diagnoses have included lateral epicondylitis, fibromyositis, depressive disorder, and chronic pain syndrome and shoulder joint pain. Treatment to date has included a home exercise program and medication. According to the progress report dated 5/13/2015, the injured worker complained of arm pain on both sides. Present pain score was 0/10. She complained of joint stiffness of both wrists, along with tenderness. She reported difficulty concentrating, anxiety, depression and sleep disturbances. She also reported dropping things held in her left arm. She continued to use Escitalopram for mood. The injured worker appeared anxious and depressed. Exam of the cervical spine revealed no tenderness or trigger points. Authorization was requested 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 Qty: 1.00: 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), Chapter 7 - Independent Medical Examinations and Consultations page 137.

**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 bilateral arm pain. The request is for FUNCTIONAL CAPACITY EVALUATION QTY: 1.00. The request for authorization is dated 05/14/15. Physical examination of the cervical spine reveals normal alignment. Associated symptoms of tenderness and joint stiffness of the bilateral wrists. Sleep continues to be disrupted due to anxiety. Patient is encouraged to continue home exercise program. Patient's medications include Escitalopram, Trazodone and Lidocaine ointment. Per work status report dated 05/13/15, the patient is temporarily very disabled. 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." Treater does not provide reason for the request. In this case, the patient has undergone conservative treatment in the form of medications 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.