

<b>Case Number:</b>	CM15-0018122		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Arizona

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 36-year-old male who reported an injury on 09/16/2014. The injured worker was reportedly attacked by a client. The injured worker presented with complaints of low back pain, right shoulder pain, and right forearm pain. Additionally, the injured worker reported activity limitation. The current diagnoses include lumbar spine strain, right shoulder strain, and right forearm strain. Upon examination, there was mild, diffuse tenderness to palpation along the AC joint and biceps tendon, rotator cuff tenderness, negative instability test, positive impingement test, negative drop arm test, diminished range of motion, diffuse tenderness of the right forearm, tenderness to palpation in the lumbar paravertebral muscles at L4 and S1, and diminished lumbar range of motion and 2+ deep tendon reflexes, intact sensation and negative straight leg raise. Recommendations at that time included chiropractic therapy 3 times per week for 4 weeks, a functional capacity evaluation, a urine drug test, and prescriptions for Naprosyn 550 mg and Ultracet. A Request for Authorization form was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for Lumbar:** 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) Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is appropriate. In this case, it was noted that the injured worker was pending authorization for chiropractic treatment. There was no indication that this injured worker had reached or was close to reaching Maximum Medical Improvement. There was also no mention of any previous unsuccessful return to work attempts. Given the above, the medical necessity for a Functional Capacity Evaluation has not been established at this time. As such, the request is not medically appropriate.