

<b>Case Number:</b>	CM15-0145896		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is 50 year old male patient, who sustained an industrial injury on 11-20-13. He reported injury to his lower back. The diagnoses include lumbar facet hypertrophy, lumbar strain, left rotator cuff sprain, insomnia and depression. Per the doctor's note dated 8/10/15, he had complaints of lower back and left shoulder pain; loss of sleep due to pain and anxiety. The physical examination revealed tenderness over the left anterior shoulder. Per the PR2 dated 6-15-15, he had complaints of pain in his lower back that radiates to the bilateral lower extremities and left shoulder pain. He rated his pain a 6-7 out of 10 without medications and a 3-4 out of 10 with medications. The physical examination revealed decreased lumbar and left shoulder range of motion and muscle spasms in the lumbar paravertebral muscles and the acromioclavicular joint. The medications list includes Anaprox, Tramadol, prilosec, Flexeril and topical medications. He has had, an EMG-NCV of the lower extremities on 4-23-14 with normal findings; lumbar spine CT scan dated 4/28/2014. Treatment to date has included physical therapy, ice, heat, electrical stimulator, acupuncture and psychiatric treatments. The treating physician requested 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 04/27/15) Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter:7 Independent Medical Examinations and Consultations, Page-137-138.

**Decision rationale:** Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." Consider an FCE if; 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Failure to prior conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The request for functional capacity evaluation is not medically necessary for this patient at this juncture.