

<b>Case Number:</b>	CM15-0198224		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, Hawaii  
 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:

This is a 47 year old female who sustained an industrial injury on 9-18-2014. A review of the medical records indicates that the injured worker is undergoing treatment for headache, cervical muscle spasm, cervical and lumbar myofascitis, cervical neuritis, cervical and lumbar radiculopathy, cervical and lumbar sprain-strain, right shoulder sprain-strain, right lateral epicondylitis and sleep disturbance. According to the progress report dated 8-20-2015, the injured worker complained of headache, neck pain, mid and low back pain, right shoulder pain, right elbow pain and right wrist and hand pain. She complained of loss of sleep. The injured worker was noted to be nervous, irritable and fatigued. The physical exam (8-20-2015) revealed pain to palpation of the cervical spine with spasms. Cervical range of motion was decreased and painful. There was tenderness to palpation and spasm of the thoracic muscles. There was tenderness to palpation and spasm of the lumbar paravertebral muscles. There was tenderness to palpation of the right hand and muscle spasm of the right forearm. Treatment has included acupuncture, extracorporeal shockwave therapy and medications. The treatment plan (8-20-2015) noted that Functional Capacity Evaluation may be warranted in the future. The original Utilization Review (UR) (9-17-2015) denied a request 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pages 132-139).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137, Independent Medical Examinations and Consultations.

**Decision rationale:** The patient presents with headache, neck pain, mid and low back pain, right shoulder pain, right elbow pain, and right wrist and hand pain, plus loss of sleep. The current request is for Functional Capacity Evaluation. The treating physician states, in a report dated 09/11/15, "Evaluation requested: Baseline FCE." (242B) The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The medical records provided do not contain any request from the administrator or employer and the treating physician has not documented that the prescribed FCE is crucial for the medical treatment of this patient. The current request is not medically necessary.