

<b>Case Number:</b>	CM15-0198379		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/14/2015
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<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 29 year old male with a date of injury on 8-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for low back, right shoulder, left forearm, bilateral 5th digits and eye irritation. Progress report dated 8-10-15 reports complaints of intermittent, moderate, stabbing, pain in right shoulder with radiating pain to forearm. He has intermittent, moderate, stabbing pain in left forearm. He complains of intermittent, moderate, dull pain in bilateral pinky fingers and eye irritation. He states he has stress and tension. Physical exam: hands with moderate tenderness to palpation 5th digits with decreased range of motion of the bilateral 5th digits. Lumbar spine has moderate to severe tenderness of the paraspinal muscles upon palpation, spasm is noted, moderate hypertonicity and range of motion is painful and restricted. Started conservative chiropractic care, physical therapy and acupuncture. Requested x-ray, MRI and nerve conduction studies of the upper and lower extremities. Referred for orthopedic consultation and recommended functional capacity evaluation. Placed on temporary total disability until 9-21-15. Request for authorization dated 8-10-15 was made for Functional Capacity Evaluation. Utilization review dated 9-15-15 non-certified the request.

### 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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pp 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, page 137, FCE.

**Decision rationale:** The patient presents with pain affecting the right shoulder with radiation to the right forearm. The current request is for Functional Capacity Evaluation. The treating physician report dated 8/10/15 (6B) states, "Functional Capacity Evaluation was recommended." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why an FCE is crucial and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Furthermore, there is no documentation that the patient desires to go back to work and is restricted by an employer. Additionally, there is no documentation in the medical reports provided that the patient is going through a "work hardening" program and requires an FCE. The current request is not medically necessary.