

<b>Case Number:</b>	CM15-0022273		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: North Carolina

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:

The injured worker is a 58-year-old female with an industrial injury dated April 6, 2013. The injured worker diagnoses include bursitis and tendinitis of the right shoulder, bicipital tenosynovitis, partial tear of rotator cuff tendon, medial epicondylitis of the right elbow, lateral epicondylitis of the right elbow, and olecranon bursitis of the right elbow. She has been treated with diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 12/29/2014, the treating physician noted spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, right upper shoulder muscles and right upper trapezius. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally and shoulder depression test was noted to be positive on the right. Shoulder exam revealed spasm, tenderness to the right rotator cuff muscles and right upper shoulder muscles. Speed test and supraspinatus test were both positive on the right. Documentation also noted spasm and tenderness to the right lateral epicondyle, right olecranon, right wrist extensors and right wrist flexors. The treating physician prescribed services for qualified functional capacity evaluation, right elbow and shoulder. Utilization Review determination on January 9, 2015 denied the request for qualified functional capacity evaluation, right elbow and shoulder, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation, right elbow and shoulder:** 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(pages 132-139). Official Disability Guidelines; Functional capacity evaluations (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE; 1. Complex issues such as hamper case management: A. Prior unsuccessful RTW attempts. B. Conflicting medical reporting on precaution and/or fitness for modified jobs. C. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate; A. close or at MMI/all key medical reports secured. B. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the workers abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.