

<b>Case Number:</b>	CM15-0213387		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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

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 30 year old female who sustained an industrial injury August 16, 2013. Diagnoses are cervicgia; carpal tunnel syndrome-wrist (median nerve); enthesopathy-elbow; lumbalgia. According to a treating physician's progress report dated September 29, 2015, the injured worker presented for re-evaluation for a flare-up of neck and upper back pain, rated 3 out of 10, right arm pain, rated 3 out of 10, and left arm pain, rated 3 out of 10 which is a slight improvement since the last visit. Physiotherapy and acupuncture twice a week (no total number of visits listed) provided short relief, and slight improvement. She also reports intermittent bilateral wrist pain which acupuncture twice a week is helping, right elbow pain 3 out of 10 with tingling and numbness in the right hand and bilateral wrist pain, rated 3 out of 10 with swelling. Objective findings included; cervical-tender to palpation, right trapezius muscle with spasms; elbow- pain to palpation at right lateral epicondyle aspect positive Tinel's and Phalen's, mild on right wrist. Treatment plan included to continue with acupuncture neck and right arm, request home interferential unit, and topical compounds. At issue, is a request for authorization dated September 29, 2015, for a functional capacity evaluation. According to utilization review dated October 6, 2015, the request for a follow-up in one month is certified. A request for a Functional Capacity Evaluation is non-certified.

### 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; Official Disability Guidelines (ODG), Fitness for Duty Chapter - Functional capacity evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

**Decision rationale:** The current request is for a Functional capacity evaluation. Treatment history includes physical therapy, acupuncture, and medications. Modified work was recommended, but it is unclear if the patient has returned to work. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 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". There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally." Per report 09/29/15, the patient presents with a flare-up of neck and upper back pain. She also reports intermittent bilateral wrist pain with tingling and numbness in the right hand. The treating physician recommended acupuncture, a home interferential simulator unit, a topical cream, and a "FCE per ACOEM page 137-8." There is no further discussion regarding the requested Functional Capacity Evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations is as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request is not medically necessary.