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| <b>Case Number:</b>   | CM15-0222740 |                              |            |
| <b>Date Assigned:</b> | 11/18/2015   | <b>Date of Injury:</b>       | 07/18/2015 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 10/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female who sustained an industrial injury on July 16, 2015. Medical records indicated that the injured worker was treated for right wrist, bilateral knee, right shoulder and low back pain. Medical diagnoses include right carpal tunnel syndrome, bilateral knee sprain and strain, right shoulder sprain and strain and lumbar radiculopathy. In the provider notes dated October 7, 2015 the injured worker complained of right wrist pain, bilateral knee pain, right shoulder pain and low back pain. She rates her right wrist pain 3 on the pain scale. She rates bilateral knee pain 2 on the pain scale. She rates right shoulder pain 4 on the pain scale. She rates low back pain 6 to 7 on the pain scale. On exam, the documentation stated positive Tinel's and Phalen's test positive in the right wrist. The McMurray's test is positive and decreased range of motion bilateral knees. The right shoulder is positive for impingement. Lumbar flexion is decreased and straight leg raise sitting is positive. The treatment plan includes medication refills. A Request for Authorization was submitted for functional capacity evaluation 97750-97755. The Utilization Review dated October 16, 2015 denied the request for functional capacity evaluation 97750-97755.

### 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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG) Functional capacity evaluations (FCE) - Guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus, an FCE would not be helpful. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established and is not medically necessary.