

<b>Case Number:</b>	CM15-0034503		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 08/07/2009. On progress report 11/06/2014 the injured worker has reported neck pain and stiffness that radiates to upper extremities, low back pain and stiffness that radiates to both legs with numbness, left shoulder pain and weakness, right wrist pain with numbness of right hand/fingers, right and left knee pain and stiffness. The diagnoses have included cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, right knee meniscus tear and left knee meniscus tear. On examination she was noted to have decreased range of motion of cervical and lumbar spine. Tenderness to palpation of bilateral trapezii, bilateral upper trapezii and cervical paravertebral muscles and shoulder depression revealed pain bilaterally. Lumbar tenderness was noted as SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes, muscles spasms of the lumbar paravertebral muscle and straight leg raise caused pain bilaterally. Left shoulder tenderness was noted to palpation as was right wrist, right knee and left knee. Treatment plan included physical therapy, acupuncture, medication consult and functional capacity evaluation. On 01/22/2015 Utilization Review non-certified functional capacity evaluation. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92, Chronic Pain Treatment Guidelines Functional Capacity Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 137.

**Decision rationale:** The patient presents with pain affecting the neck with radiation to bilateral upper extremities, low back with radiation to bilateral lower extremities, left shoulder, right wrist, and bilateral knee. The current request is for Functional capacity evaluation. There were only two medical reports provided for review. The treating physician report dated 1/8/15 (10C) notes that the patient is to remain off-work until 2/22/15 but provides no rationale for the current request. 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 has not provided a rationale on why an FCE is needed. The patient has not expressed, in the reports provided, that she wants to go back to work nor is there any documentation provided that shows the employer is not allowing the patient back. Furthermore, there is no documentation that the patient requires an FCE in order to enter a work hardening program. The current request does not satisfy the ACOEM guidelines as outlined on page 137. Recommendation is for denial.