

<b>Case Number:</b>	CM15-0045388		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 41 year old female, who sustained an industrial injury on 12/2/13. She reported pain in the neck and shoulders due to repetitive tasks. The injured worker was diagnosed as having cervical spine bulge, right elbow cubital tunnel syndrome and bilateral wrist tenosynovitis with carpal tunnel syndrome. Treatment to date has included cervical MRI, physical therapy, acupuncture and pain medications. As of the PR2 dated 12/31/14, the injured worker reports intermittent moderate neck pain with radiation to the right arm. The treating physician noted a positive cervical distraction test and muscle spasms. The treating physician requested a functional capacity evaluation for the neck and bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for the neck and bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index, 13th Edition (web), 2015, Fitness for duty-Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** Guidelines recommend functional capacity evaluation prior to admission to work hardening program tailored to a specific task or job or prior to return to work attempts. In this case, there is no documentation supporting need for a functional capacity evaluation. Records note the request was to determine the patient's capability for returning to work which is not an indication supported by guidelines. Thus, the request for functional capacity evaluation is not medically appropriate and necessary.