

<b>Case Number:</b>	CM15-0082863		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 56 year old male, who sustained industrial injury due to cumulative trauma on October 5, 2012. Several documents included in the submitted medical records are difficult to decipher. He reported cervical, lumbar spine, and shoulder injuries. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, right shoulder rotator cuff tear, and left shoulder post-op rotator cuff tear. Diagnostic studies to date have included MRI, x-rays, electrodiagnostic studies, and urine drug screening. Treatment to date has included work modifications, physical therapy for the bilateral upper extremities, chiropractic therapy for the bilateral upper and lower extremities, chiropractic therapy for the lumbar spine, extracorporeal shock wave therapy of the cervical spine, medical foods, and medications including pain, non-steroidal anti-inflammatory, muscle relaxant, and topical compound creams. On January 13, 2015, the injured worker complains of cervical spine pain. His pain level is rated 6. The physical exam revealed decreased range of motion and spasms of the cervical 3-6 levels, decreased range of motion and spasms of the lumbar spine at lumbar 2-sacral 1, and healed portals of the right shoulder. The treatment plan includes return to work with work modifications and a functional capacity evaluation. On February 4, 2015, the injured worker underwent a functional capacity evaluation (FCE), which recommended that the frequency of reaching overhead, reaching forward, bending, and squatting be limited to occasional.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective functional capacity evaluation done on 2/4/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

**Decision rationale:** Guidelines state that a functional capacity evaluation is indicated when a patient is close to or at maximum medical improvement. In this case, the patient was recommended additional treatment including injections. The request for a functional capacity evaluation is not medically appropriate and necessary.