

<b>Case Number:</b>	CM15-0089108		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Physical Medicine & Rehabilitation, 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 24 year old female, who sustained an industrial injury on 1/19/14. She reported injury to hands, wrists, left hip and lower back after slipping on a wet floor. The injured worker was diagnosed as having cervicothoracic spine sprain, rule out left C7-8 radiculopathy, bilateral shoulder sprain and left elbow medial epicondylitis. Treatment to date has included topical creams, TENS unit, lumbar epidural steroid injections, acupuncture and oral medications including narcotics. Currently, the injured worker complains of constant to frequent severe pain in low back with radiation to left greater than right buttocks, frequent tingling and numbness on posterior lateral right greater than left thigh and weakness in bilateral lower extremities. Physical exam noted tenderness along the left cervical spine, left greater than right upper trapezius and left greater than right thoracic spine muscles with decreased sensation along the ulnar aspect of the left forearm and ulnar nerve territory of left hand, tenderness along the bilateral supraspinatus deltoid complex and tenderness of medial epicondyle of left elbow and forearm. The treatment plan included a request for (MRI) magnetic resonance imaging, X-ray, functional capacity evaluation and urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain and carpal tunnel syndrome. When seen, there was cervical and thoracic spine tenderness and decreased left upper extremity sensation. A functional capacity evaluation and additional testing was requested. The claimant contuse to be at temporary total disability. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, additional testing was ordered which would indicate that the requesting provider does not consider the claimant at maximum medical improvement There is no return to work plan. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore not considered medically necessary.