

<b>Case Number:</b>	CM14-0164590		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Alabama, New York, and Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old female who reported an injury on 5/10/2013. She was evaluated on 8/28/2014 and it was documented that she had cervical spine complaints with radiating pain into the right upper extremity. She complained of frequent, moderate, sharp and stabbing right wrist pain and numbness and tingling of the right hand. A request for a 1 functional capacity evaluation was made and is being questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

**Decision rationale:** The ACOEM guidelines recommend a functional capacity evaluation when a more precise delineation between the patient's work capabilities is needed than what can be provided with a traditional examination. Furthermore, the ODG support the use of functional capacity evaluations when the patient is at or near maximum medical improvement, had failed return to work attempts, or has a significantly complicated diagnosis with inconsistent findings

between providers. The clinical documentation submitted for review does not indicate that the patient has had any failed return to work attempts. There is no documentation that the patient is at or near maximum medical improvement. The clinical records do not provide a clear reason for the need for a functional capacity evaluation as this time. Therefore based on the guidelines and the medical records available, this request is not medically necessary.