

<b>Case Number:</b>	CM13-0070339		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 27-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 29, 2012. In a utilization review report dated December 5, 2013, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator referenced progress notes on November 26, 2013 and September 8, 2013 in its determination. The applicant's attorney subsequently appealed. On January 23, 2013, the applicant was placed off of work, on total temporary disability, on Naprosyn, Flexeril, Imitrex, Zofran, Prilosec, and a topical compounded Medrox ointment was endorsed. On July 24, 2013, the applicant was again placed off of work, on total temporary disability. The applicant was status post a left shoulder arthroscopy. The applicant had residual issues with left-sided cubital tunnel syndrome, it was incidentally noted. The applicant remained off of work as of September 18, 2013. A home TENS unit was proposed as of that point in time. Persistent complaints of neck, shoulder, and upper extremity pain were reported.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations pages 132-139

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** 1.No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions to determine work capability, in this case, however, the applicant was/is off of work, on total temporary disability. It was not clearly stated or clearly established why a functional capacity testing was endorsed in the clinical and/or vocational context present here. It was not clearly established why functional capacity testing was needed to quantify the applicant's abilities and capabilities in the face of the applicant's remaining off of work, on total temporary disability. Therefore, the request was not medically necessary.