MAXIMUS Federal Services

| Case Number: | CM13-0071213 | | |
|---|---|---|---|
| Date Assigned: | 01/08/2014 | Date of Injury: | 02/18/2009 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

## 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: California
Certification(s)/Specialty: Chiropractor

## 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 37 year old female, who sustained an industrial injury on 02/18/2009. She has reported subsequent neck and shoulder pain and was diagnosed with status post anterior cervical discectomy and fusion for myeloradiculopathy of C4-C5 and right shoulder impingement syndrome. Treatment to date has included oral pain medication and steroid injections. In a progress note dated 10/28/2013, the injured worker complained of mild right shoulder pain. Objective physical examination findings were notable for mild palpatory tenderness of the lower cervical region with limited range of motion and pain with palpation and tenderness of the right shoulder. The physician noted that the injured worker was approaching maximum medical improvement and would be sent for a functional capacity evaluation to address the American Medical Association impairment rating and work restrictions. A request for authorization of functional capacity evaluation was made. On 11/20/2013, Utilization Review non-certified a request for functional capacity evaluation, noting that the injured worker had not attempted to return to work in any capacity and that a functional capacity evaluation does not dictate the injured worker's exact functional abilities. MTUS guidelines were cited.

## 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the Non-MTUS Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job.

**Decision rationale:** The claimant presented with minimal pain in the right shoulder, her neck is currently stable and doing okay. According to the treating doctor progress report dated 10/28/2013, the claimant was approaching maximum medical improvement and functional capacity evaluation is requested to address the AMA impairment rating and work restrictions. In this case, the claimant has been on temporary total disability during the time she receive medical treatments, there is no return to work attempts, and no conflicting medical report or precautions and/or fitness for modified job. Based on the guidelines cited, the request for Functional Capacity Evaluation is not medically necessary and appropriate.