MAXIMUS Federal Services

| Case Number: | CM14-0120070 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 05/17/2013 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

## 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. 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 38-year-old female who reported an injury on 05/17/2013. The mechanism of injury was repetitive stress. She is diagnosed with cervical radiculopathy, myofascial pain, and bilateral wrist pain. Past treatments have included physical therapy, medications, activity modification, cortisone injections, home exercise, and use of a TENS unit. The injured worker's symptoms are noted to include pain in her wrists, hands, neck, and shoulders. She rates her pain 7/10. Physical examination findings included decreased range of motion of the cervical spine, shoulders, and wrists. She also had a positive impingement sign at the right shoulder and decreased sensation in the ulnar dermatome and bilaterally at the deltoid muscle. Motor strength was decreased to 3/5 at the bilateral wrists and to 4/5 at the bilateral shoulders. A Functional Capacity Evaluation was recommended to determine the injured worker's true loss of function and/or permanent work restrictions. The documentation shows that the goal of the recommended Functional Capacity Evaluation was to assess the injured worker's current work capability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

**Decision rationale:** According to the Official Disability Guidelines, a Functional Capacity Evaluation is recommended prior to admission to a work hardening program. A Functional Capacity Evaluation also may be necessary when case management is hampered by complex issues or when timing is appropriate such as when the injured worker is close to or at maximum medical improvement. The clinical information submitted for review indicated that the Functional Capacity Evaluation was recommended to determine the injured worker's current work capabilities. However, details regarding the injured worker's job and job requirements were not provided. In addition, there was no documentation to support that she was being considered for admission to a work hardening program, that case management was hampered by complex issues, or that she was close to or at maximum medical improvement. For these reasons, the recommended Functional Capacity Evaluation is not supported by the evidence-based guidelines. As such, the request is not medically necessary.