

<b>Case Number:</b>	CM14-0210936		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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

### 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 53-year-old female with a 4/11/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/12/14 noted subjective complaints of back pain. Objective findings included cervical paraspinal tenderness and decreased cervical ROM. There was also thoracic paraspinal tenderness. The patient returned to modified work on 11/12/14. Diagnostic Impression: cervical strain, thoracic strain, lumbar strain, bilateral shoulder strain. Treatment to Date: medication management, physical therapy. A UR decision dated 12/8/14 denied the request for functional capacity evaluation. The progress report mentions the patient has reached MMI for conservative treatment only. Also, an FCE is not recommended if the patient has returned to work and an ergonomic assessment has not been arranged.

### 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 Official Disability Guidelines- Functional Capacity Evaluation

**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 Chapter, FCE; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page(s) 132-139.

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the documents available for review, there is no documentation of complex issues such as prior unsuccessful RTW attempts. Additionally, guidelines do not recommend an FCE if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation notes that the patient has returned to work and there is no mention of any ergonomic assessment. Therefore, the request for functional capacity evaluation was not medically necessary.