

<b>Case Number:</b>	CM14-0213393		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Physical Medicine & Rehabn

### 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 patient is a 66 year old male with a date of injury of 10/28/2011. According to progress report dated 11/10/14, the patient presents with chronic upper back pain and reports a decrease in function and activities of daily living secondary to pain. The patient is currently unable to work. Medications do help with pain function. Examination revealed normal muscle tone without atrophy in the upper and lower extremities. Examination of the right shoulder revealed decreased range of motion by about 20% with flexion and abduction. Impingement sign was negative bilaterally. Examination of the cervical spine revealed decreased range of motion by 10% with extension, but full with flexion. Range of motion with lateral tilt was full. Current medications include Nabumetone 500mg, Pantoprazole 20mg, and Gabapentin 300mg. The patient is permanent and stationary and was instructed to follow up in 4 weeks. The review is for an Initial Functional Capacity evaluation. The Utilization review denied the request on 11/16/14. The treating physician has provided an appeal letter dated 11/24/14, that states that this is a request for an initial evaluation at a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 initial 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 (ODG) Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137 and 139, Functional Capacity Evaluation

**Decision rationale:** This patient presents with chronic upper back pain with reported decreased functions and activities of daily living due to chronic pain. The MRP stated request is for "1 initial functional capacity evaluation." ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and the treating physician is requesting on "to determine work capabilities." In this case, there is no information in the medical records provided to indicate that the employer or adjuster has requested a functional capacity evaluation. This request is not medically necessary.