

<b>Case Number:</b>	CM14-0213910		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 55 year-old male who injured his lower back and left shoulder on 1/30/13 due to a motor vehicle accident. A 9/2014 MRI of the lumbar spine showed disc desiccation at L4-5 and L5-S1 with associated loss of disc height at L5-S1, disc herniation at L4-5, L5-S1. MRI of the left shoulder showed osteoarthritis of the acromioclavicular joint and adhesive capsulitis. He was diagnosed with left shoulder tendinosis, pain, impingement, and lumbar spine degenerative disc disease. He had epidural steroid injection of the lumbar spine. In 6/2014, he had left shoulder arthroscopy, subacromial decompression, debridement of partially torn rotator cuff and labrum. He had chiropractic treatment and acupuncture. He had improvement in left shoulder symptoms with physical therapy. He had steroid injection of his shoulder. The current request is for a final functional capacity evaluation which was denied by utilization review on 12/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Final functional capacity evaluation QTY #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." A functional capacity evaluation may be necessary to "obtain a more precise delineation of patient capabilities than is available from routine physical examination." As per ODG guidelines, a functional capacity evaluation is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." And it is not recommended for "routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. There is no rationale for ordering this exam. Therefore, the request is considered not medically necessary.