

<b>Case Number:</b>	CM14-0216315		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old female sustained work related industrial injuries on June 22, 2012 while working as a housekeeper. The mechanism of injury involved repetitive job duties causing pain to neck, arms, hands, wrist, back, knees, ankle and feet. The injured worker subsequently complained of constant pain in the neck radiating to the thoracic spine, tingling and numbness of the bilateral hands, headaches related to cervical spine pain, blurred vision, weakness in bilateral extremities and lower extremity pain. The injured worker was diagnosed and treated for cervical spine sprain, bilateral elbow sprain/strain, bilateral wrist sprain/ strain, bilateral knee sprain, internal derangement and bilateral plantar fasciitis and right metatarsalgia. Treatment consisted of diagnostic studies, radiographic imaging, chiropractic therapy, physiotherapy, shockwave treatment, prescribed medications, and periodic follow up visits. Per treating provider report dated December 1, 2014, objective findings revealed that the right shoulder was higher. The neck and head shift to the left. There are bilateral bunions. There was tenderness noted along the cervical spine, left upper trapezius and paravertebral muscles. Cervical compression was positive. There was limping and a right antalgic gait. There was tenderness along the dorsal and midline aspect of the bilateral wrists. Tenderness was also noted along the right lumbar paravertebral muscles, spinous process, sacroiliac joints, bilateral knees, foot and right groin. As of December 1, 2014, the injured worker remains on modified work restrictions. The treating physician prescribed services for functional capacity evaluation now under review. On December 9, 2014, the Utilization Review (UR) evaluated the prescription for functional capacity evaluation requested on December 5, 2014. Upon review of the clinical information, UR non-

certified the request for a functional capacity evaluation, noting the non-recommendation for solely determining a worker's effort or compliance and the lack of evidence that the injured worker was restricted to a particular activity or work, and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### **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 Chronic Pain Treatment Guidelines Functional improvement.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22, 80-83.

**Decision rationale:** The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing pain in the elbows, wrists, neck, lower back, knees, and ankles. The submitted records did not contain a discussion sufficiently detailing the reason(s) a functional capacity evaluation was needed in this case or documentation of circumstances that would otherwise sufficiently support this request. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.