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| <b>Case Number:</b>   | CM14-0096748 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 01/14/2014 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 05/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 & Rehabilitation

### 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 55-year-old female sustained a work related injury on 01/14/2014. According to a Doctor's First Report of Occupational Injury, the injured complained constant pain in her neck accompanied with stiffness, decreased range of motion and muscle spasms. Pain was rated 7-8 on a scale of 1-10. Low back pain was rated 9. She also complained of right elbow/arm pain and decreased range of motion. Right wrist/hand pain was rated 6 and accompanied with numbness, stiffness, swelling and tingling. Diagnoses included cervical spine sprain and strain, thoracic spine sprain and strain, lumbar sprain musculoligamentous injury without discopathy, lumbar spine sprain and strain, right shoulder bicipital tendonitis, right shoulder sprain and strain and right hand and wrist sprain. Treatment plan included Chiropractic/Physical Therapy and a Functional Capacity Evaluation. The injured worker was temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (Functional Capacity Evaluation) for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7; p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** This patient has a date of injury of 01/14/2014. According to Doctors First Report dated 04/28/2014, the patient presents with constant neck pain accompanied with stiffness, decreased range of motion, and muscle spasm. The patient also complains of constant low back pain and left shoulder and right elbow/arm pain. The current request is for FCE (functional capacity evaluation) for the lumbar spine. ACOEM Guidelines, chapter 7, pages 137-139, state that the examiner is responsible for determining whether the impairment results in functional limitations the employer or claim adjuster may request functional ability evaluations. Maybe ordered by the treating or evaluating physician, if the physician feels that information from such testing is crucial. ACOEM Guidelines further states, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, progress reports do not mention any request from the employer or claims adjuster. The treating physician has not provided any rationale for the request. Routine FCE is not supported by ACOEM Guidelines. Therefore, the request IS NOT medically necessary.