

<b>Case Number:</b>	CM15-0016480		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/12/2004
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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:

The injured worker is a 45-year-old female who reported an injury on 05/12/2004. The mechanism of injury was not specified. Her diagnoses were noted as depression, cervicalgia, lumbago, lumbar radiculitis/neuritis, impingement syndrome, and status post symptoms both shoulders. Her past treatments were noted to include medication, home exercise program, and activity modification. Her diagnostic studies were not provided. During the assessment on 12/03/2014, the injured worker complained of constant neck pain. She described the pain as sharp, dull, burning, stabbing, and aching. She also complained of bilateral shoulder pain. She rated the right shoulder pain a 6/10 and described the pain as stabbing, achy, and constant. She rated the left shoulder pain as an 8/10 and described the pain as stabbing and constant. She reported radiation to the shoulder blades and the bilateral arms and hands. There were also complaints of low back pain. She rated the pain an 8/10 and described the pain as pinching. The physical examination performed that day was not provided with the clinical documentation. Her medication list, treatment plan, and rationale for the request were not provided. The Request for Authorization form was not submitted for 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 ACOEM. Decision based on Non-MTUS Citation Physical Performance Test or Measurement, American College of Occupational and Environmental Medicine (ACOEM) Chapter 7 pages 132-139 and 137-138

**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, Functional Capacity Evaluation (FCE)

**Decision rationale:** The request for Functional Capacity Evaluation is not medically necessary. The Official Disability Guidelines indicate the criteria for performing a Functional Capacity Evaluation are recommended prior to admission to a work hardening program, with reference for assessments tailored to a specific task or job. The guidelines further state that, if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. The Functional Capacity Evaluation is not as effective when the referral is less collaborative and more directive. Physicians should consider a Functional Capacity Evaluation if the case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of the worker's abilities. It also states that timing is appropriate, close to or at maximum medical improvement/all key medical reports secured, and additional/secondary conditions clarified. The clinical documentation did not indicate that there were any prior unsuccessful return to work attempts or conflicting medical reporting and precautions for fitness for modified job. There was no indication that the injured worker was close to or at maximum medical improvement. The physical examination performed on 12/03/2014 was not provided with the clinical documentation. Additionally, the rationale for the request was not provided. Given the above, the request is not medically necessary.