

<b>Case Number:</b>	CM15-0070042		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The 67 year old female injured worker suffered an industrial injury on 07/26/2006. The diagnoses included cervical radiculopathy, degeneration of the lumbar disc, shoulder pain and depressive disorder. The injured worker had been treated with medications. On 3/25/2015 the treating provider reported neck, upper extremity pain and history of right rotator cuff tear. The neck has been in a lot of pain and radiated down both shoulders and left arm. She reported it is difficult to drive, sleep and sit. The pain is presently 7/10. The left arm pain travels down to the wrists and fingers. The treatment plan included Functional capacity assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity assessment for physical evaluation - Bilateral neck/right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-138.

**Decision rationale:** Pursuant to the ACOEM, functional capacity assessment for physical evaluation-bilateral neck/right upper extremity is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are cervical disc with radiculitis; degeneration lumbar disc; shoulder pain; and depressive disorder. A March 25, 2015 progress note states the injured worker complains of neck and upper extremity pain with a rotator cuff tear. Surgery was recommended but placed on hold secondary to ongoing lung disease. The injured worker receives ongoing physical therapy and received three trigger point injections. The injured worker is not interested in undergoing any additional injections. The injured worker has been permanent and stationary for some time. There is no discussion of return to work. There were no job-related duties discussed in the medical record. There is no prior unsuccessful return to work attempts. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Constantly, absent clinical documentation with job duties, discussion of return to work, no prior unsuccessful return to work attempts and guidelines non- recommendations based on little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to form the workplace, a functional capacity assessment for physical evaluation-bilateral neck/right upper extremity is not medically necessary.