

<b>Case Number:</b>	CM15-0070768		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 54 year old female, who sustained an industrial injury on April 27, 2013. She has reported neck pain, headache, shoulder pain and arm pain. Diagnoses have included cervical discogenic pain with right upper extremity radiculopathy, and right wrist fracture. Treatment to date has included wrist casting, shoulder surgery and imaging studies. A progress note dated March 13, 2015 indicates a chief complaint of neck pain, headache, and right arm pain and weakness. The treating physician documented a plan of care that included a functional capacity evaluation.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional restoration programs Page(s): 49.

**Decision rationale:** This 54 year old female has complained of neck pain, right wrist pain and shoulder pain since date of injury on 4/27/13. She has been treated with surgery, physical therapy

and medications. The current request is for a functional capacity evaluation. Per the MTUS guidelines cited above there is no recommendation for a functional capacity evaluation testing. There is no provider documentation discussing the rationale for the medical necessity of functional capacity testing. Based on this lack of documentation and the cited MTUS guidelines, a Functional capacity evaluation is not medically necessary.