

<b>Case Number:</b>	CM15-0091201		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 21 year old male, who sustained an industrial injury on February 12, 2015, incurring multiple injuries to the cervical spine, shoulders, elbows and left wrist after heavy lifting. He was diagnosed with back sprain, brachial neuritis, radiculitis, and cervical sprain, myalgia, myositis and shoulder sprains. Computed tomography of the cervical spine revealed a herniated disc. Treatment included steroids, pain medications, and work restrictions. Currently, the injured worker complained of decreased range of motion muscle pain, tingling and weakness of the left shoulder, left elbow and left wrist. The treatment plan that was requested for authorization included one functional capacity evaluation for symptoms related to the cervical spine, left shoulder, left elbow and left wrist injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) functional capacity evaluation for symptoms related to cervical spine, left shoulder, left elbow and left wrist injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

**Decision rationale:** One (1) functional capacity evaluation for symptoms related to cervical spine, left shoulder, left elbow and left wrist injury is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work/case management issues. The rationale is unclear why the patient needs an FCE. There is no evidence that the patient is close to MMI. For all of these reasons the request for a functional capacity evaluation QTY #1 is not medically necessary.