

<b>Case Number:</b>	CM15-0091310		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/16/2015
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/01/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 47 year old female with an industrial injury dated 2/16/2015. The injured worker's diagnoses include cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain and right hand tenosynovitis. Treatment consisted of prescribed medications, and periodic follow up visits. In the most recent progress note dated 4/29/2015, the injured worker reported neck pain, low back pain, right shoulder pain and right hand pain. Objective findings revealed tenderness to palpitation with muscle spasms of the cervical spine, lumbar spine and right shoulder. The treating physician also noted that cervical compression, shoulder depression, Spurling's , Kemp's, straight leg raise, Milgram's, Neer's, Hawkin's and supraspinatus press, Tinel's, Phalen's , Finkelstein's and carpal compression all caused pain. The treating physician prescribed services for functional capacity evaluation now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, functional capacity evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Assessing Red Flags and Indication for Immediate Referra Page(s): 32-33, 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient condition require functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform her work. In addition, the provider should document that the patient reached her MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.