

<b>Case Number:</b>	CM15-0095803		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii

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 male, who sustained an industrial/work injury on 6/7/13. He reported initial complaints of neck pain. The injured worker was diagnosed as having left ear, r/o hearing loss, cervical spine disc disease, severe cervical stiffness, s/p hangman's fracture, s/p thoracic spine compression, costochondritis, bilateral shoulder and elbow strain/sprain, and bilateral elbow epicondylitis. Treatment to date has included medication, diagnostics, and surgery (fusion at C2-3), chiropractic care. MRI results were reported on 10/30/13 of the cervical spine that revealed postoperative changes, C2-3 with chronic superior endplate compression, T2 and T3 vertebral bodies, canal stenosis includes C3-4 mild, C4-5 moderate to severe and C5-6 mild to moderate canal stenosis, neural foraminal narrowing includes C3-4 moderate to severe left, C5-6 moderate right and C3-7 moderate left neural foraminal narrowing. MRI of the thoracic spine noted degenerative disc disease, chronic superior endplate compression of the T2 and T3 vertebral bodies. MRI of 9/4/14 notes early disc desiccation at C2-3 and C6-7 levels, fusion at C2-C3. Currently, the injured worker complains of neck pain, mid upper back, lower back, bilateral shoulders, and bilateral elbows rated 8/10. Per the primary physician's progress report (PR-2) on 4/10/15, exam noted grade 3 tenderness to palpation over the paraspinal muscles in all areas, restricted range of motion, positive cervical compression test, and straight leg test is positive bilaterally. Current plan of care included continue chiropractic therapy, medication, and ENT specialist consult. The requested treatments include Physical Performance Functional Capacity Evaluation (FCE).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical Performance Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 137.

**Decision rationale:** The patient presents with initial complaints of neck pain. The current request is for Physical Performance Functional Capacity Evaluation (FCE). The treating physician states, in a report dated 04/10/15. A physical performance FCE is requested to ensure this patient can safely meet the physical demands of his occupation. (5B) The ACOEM guidelines state: the examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the treating physician does not discuss this request. There is no explanation in the reports provided as to why this evaluation is crucial. There is no evidence that the claims administrator or employer has requested this examination or that the patient desires a return to work and the employer or treating physician is concerned about his ability to do so. FCE's cannot predict a patient's actual capacity in the work place. The current request is not medically necessary and the recommendation is not medically necessary.