

<b>Case Number:</b>	CM15-0098227		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old male, who sustained an industrial injury on 8/19/2009. He reported a fall with injury to the neck, back and bilateral shoulders. Diagnoses include cervical sprain/strain, whiplash, partial rotator cuff tear, and status post right shoulder surgery in 2009 and two left shoulder surgeries in 2010. Treatments to date include medication management. Currently, he complained of neck pain with radiation to bilateral upper extremities rated 4/10 VAS. Low back pain was rated 5/10 VAS. He also had pain in bilateral shoulders associated with "popping", limited range of motion and rated 6/10 VAS on the left side and 2/10 VAS on the right side. On 3/25/15, the physical examination documented tenderness to the cervical, thoracic, and lumbar spines with muscle spasms noted. The plan of care included obtaining a Functional Capacity Evaluation (FCE) from which objective improvement can be monitored.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation x 16:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79 and 81.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation, ACOEM Chapter 7, pages 137-138.

**Decision rationale:** Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts or conflicting medical reporting. Given this, the currently requested functional capacity evaluation is not medically necessary.