

<b>Case Number:</b>	CM14-0150203		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 3/2/14. The medical records were reviewed. A utilization review determination dated 8/29/14 recommends non-certification of a functional capacity evaluation. 8/7/14 medical report identifies pain in the cervical spine and left shoulder radiating to chest and left elbow and fingers. No exam findings are noted. Recommendations include MRI, FCE, DME, orthopedic consultation, UDS, and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Function Capacity Evaluation, cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (page 132-139) and on the Official Disability Guidelines: Fitness for Duty (updated 3/26/14) Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for functional capacity evaluation, the California MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are

correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines states that 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 the patient is close to or at MMI and there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.