

<b>Case Number:</b>	CM13-0031041		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 46-year-old female who reported a work-related injury on 03/24/2011, as a result of a fall. The clinical note dated 08/26/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents the patient utilizes the following medication for her pain complaints, Elavil 50 mg, Norco 10/325 mg, Xanax 1 mg. The provider documents the patient reports 7/10 continued lumbar spine pain with radiation of pain down the bilateral lower extremities. The provider documents bilateral knee pain is reported rated at 9/10. The provider documented upon physical exam of the patient, positive atrophy/swelling were noted to the left knee, +3 tenderness to palpation of the anterior lateral and medial knee, and positive McMurray's was evidenced. Right knee examination revealed no bruising, swelling, atrophy or lesion present at the right knee. However, there was continued +3 tenderness to palpation of the anterior knee, lateral knee, and medial knee. The patient had a positive McMurray's on the right knee also. The provider documented upon physical exam of the patient's lumbar spine decreased sensation on the left lower extremity and peripheral edema was noted. There was +3 tenderness to palpation at the L3-5 spinous processes and lumbar paravertebral muscles. There were muscle spasms of the lumbar paravertebral muscles. Kemp's testing caused back pain. Bechterew's was positive on the left. The clinical note recommended the patient utilize home exercises and undergo a final functional capacity evaluation. The clinical note also recommended use of a TENS unit as an old one is broken, referral to a provider for medication, and work conditioning times 12 sessions to increase range of motion and activities of daily living (ADLs). The provider documented the patient is a surgical candidate for left knee pathology as well as symptomatology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning X 12 to Lumbar/Bilateral Wrists/L. Knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences, since the date of the patient's work-related fall with injury on 03/24/2011, the patient has undergone multiple interventions to include physical therapy, functional capacity evaluations, aquatic therapy, and 2 carpal tunnel releases. The requesting provider is recommending work conditioning times 12 for the patient. However, the clinical notes document the patient is a surgical candidate for her left knee symptomatology; therefore, participation in a work conditioning program at this point in the patient's treatment would not be supported. Also, CA MTUS Guidelines support 10 visits over 8 weeks for work conditioning and the current request exceeds this recommendation. Given the above, the request for work conditioning x 12 to lumbar/bilateral wrists/left knee is not medically necessary or appropriate

**Refer to MD for Medication: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The current request is supported. The clinical notes document the patient utilizes Elavil, Norco and Xanax for her chronic pain complaints. The California MTUS/ACOEM indicate referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined with treating the particular cause of delayed recovery such as substance abuse or has difficulty obtaining information or agreement to a treatment plan. As the patient presents status post a work-related injury of close to 3 years time, chronic pain management consultation would be supported at this point in the patient's treatment, for medication regimen. Therefore, given all of the above, the request for refer to MD for medication is medically necessary and appropriate.

**Replace Home TENS/EMS Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** The current request is not supported. The clinical notes document the patient presents with multiple bodily injury pain complaints status post a work-related fall with injury sustained in 2011. The provider is recommending the patient be administered a new TENS unit, as the patient's old one is broken. However, the provider failed to document the patient's reports of efficacy with use of a TENS unit for her chronic pain complaints as noted by a decrease in rate of pain on a visual analog scale (VAS) and increase in objective functionality, and decrease in medication usage. Given all of the above, the request for replace home TENS/EMS unit is not medically necessary or appropriate.

**Final Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter and the ODG, Fitness For Duty Chapter, functional capacity evaluation chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidences the patient has undergone prior functional capacity evaluations. The rationale for repeat Functional Capacity Evaluation at this point in the patient's treatment, as the provider documents the patient is a surgical candidate for her left knee symptomatology, is not clear. CA MTUS/ACOEM indicates Functional Capacity Evaluations is a supported tool in documenting the patient's current state of functional ability and the recovery trajectory to date as a time line in cases of delayed recovery. However, again as the patient is a surgical candidate for her left knee symptomatology, the requested evaluation is not supported. As such, the request for final Functional Capacity Evaluation is not medically necessary or appropriate.