

Case Number:	CM14-0001524		
Date Assigned:	04/28/2014	Date of Injury:	04/24/2011
Decision Date:	06/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/05/2014

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 Interventional Spine, 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:

The patient is a 50-year-old female with a date of injury of 04/24/2011. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis without myelopathy. 2. Thoracic spondylosis without myelopathy. 3. Lumbar spondylosis with myelopathy. 4. Bursitis and tendonitis of the bilateral shoulders. 5. Partial tear of rotator cuff tendon. 6. Tear of medial meniscus of the left knee. 7. Lateral epicondylitis of the bilateral elbows. 8. Carpal tunnel syndrome. 9. Tendinitis/bursitis of the bilateral wrists. 10. Bilateral chronic ankle sprain/strain. According to report dated 11/27/2013 by [REDACTED], the patient presents with bilateral elbow, bilateral shoulder, cervical spine, lumbar spine, bilateral knee, bilateral ankle/feet, and bilateral wrist and hand complaints. Examination of the cervical spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and bilateral suboccipital muscles. Axial compression test was positive bilaterally for neurological compromise. Distraction test was also noted as positive bilaterally. Examination of the lumbar spine revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1. Range of motion was decreased. Kemp's test, straight leg raise test, and Yeoman's test were all positive bilaterally. Examination of the shoulders revealed +4 spasm and tenderness to the right upper shoulder and muscles. Codman's, speeds, and supraspinatus test were all positive. Examination of the elbow revealed +3 spasm and tenderness to the bilateral lateral and medial epicondyles with positive Cozen test bilaterally. Examination of the wrists/hands revealed +3 spasm and tenderness to the bilateral anterior wrists and thenar eminences. Tinel's carpal test was positive bilaterally. Examination of the knee revealed +4 spasm and tenderness to the bilateral anterior joint lines and vastus medialis muscles. Valgus, varus, and McMurray's test were positive. Examination of the ankle/feet revealed +3 spasm and tenderness to the bilateral lateral malleoli and anterior heels. Patient's medication includes

Tramadol 50 mg and Naproxen sodium 550 mg. The treating physician requests a functional improvement measure through a functional capacity evaluation. Utilization review denied this request on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability Guidelines 9th Edition/Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Functional Capacity Evaluation, Page 137, 139.

Decision rationale: This patient presents with bilateral elbow, bilateral shoulder, cervical spine, lumbar spine, bilateral knee, bilateral ankle/feet, and bilateral wrist/hand complaints. The treating physician is requesting a functional improvement measure through a functional capacity evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, although the treater recommends authorization for functional improvement measure through a FCE, he does not discuss why it is being requested. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Recommendation is for denial. The functional capacity evaluations is not medically necessary and appropriate.