

<b>Case Number:</b>	CM14-0006632		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 mechanism of injury was a trip and fall. The injured worker is a 52-year-old female who reported an injury on 06/16/2010. The prior treatments included medications and physical therapy. The documentation of 12/02/2013 revealed the injured worker had ongoing pain in bilateral knees and shoulders radiating up her back. It was indicated the injured worker was able to tolerate sitting for 20 to 25 minutes, and standing and walking for the same amount of time. Further documentation indicated the injured worker was unable to complete or required assistance to bathe, clean, cook, dress, drive, groom, and shop. It was additionally documented the injured worker was unable to complete sexual activity. The manual motor testing strength revealed the injured worker's left elbow flexion was 4/5, knee flexion was 4/5, and dorsiflexion was 5/5. The right elbow flexion was 4/5, knee flexion was 3/5, and ankle dorsiflexion was 4-/5. There was paresthesia to light touch in the lateral leg. The injured worker had a positive SI joint compression test, McMurray's test on the right, and slump test. The injured worker had an antalgic gait on the right. The diagnoses included sprains and strains of the lumbar region, lumbosacral neuritis or radiculitis, internal derangement of the knee not otherwise specified, a current tear of the lateral cartilage or meniscus of the knee, current tear of the medial cartilage or meniscus of the knee, bicipital tenosynovitis, shoulder impingement, rotator cuff syndrome, bursitis, and knee strain. The treatment plan included an interdisciplinary evaluation to determine if the injured worker was a candidate for the functional restoration program and a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) INTERDISCIPLINARY EVALUATION BETWEEN 1/6/2014 AND 2/20/2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines indicate a functional restoration program is recommended for injured workers with conditions that put them at risk of delayed recovery. The criteria for entering into a functional restoration program includes that an adequate and thorough evaluation has been made including baseline functional testing and documentation that the injured worker is not a candidate for surgery or other treatments that would clearly be warranted. The clinical documentation submitted for review indicated the injured worker had prior conservative care. However, there was a lack of documentation of a trial and failure of recent conservative care. Additionally, there was a lack of documentation indicating the injured worker was not a candidate for surgery or other treatments. Given the above, the request for a interdisciplinary evaluation between 1/6/2014 and 2/20/2014 is not medically necessary.