

Case Number:	CM14-0007144		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2012
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/19/2014

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 Occupational 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:

The patient is a 64-year-old male who has submitted a claim for cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, carpal tunnel syndrome, rotator cuff syndrome of the bilateral shoulders, chondromalacia patella of the bilateral knees, tear of medial meniscus of the bilateral knees, plantar fasciitis of the right foot, and chronic right ankle sprain/strain, all associated with an industrial injury date of January 3, 2012. Medical records from 2012-2013 were reviewed, which showed that the patient complained of constant severe jaw, cervical spine, lumbar spine, bilateral shoulder, bilateral knee, right ankle and foot, thoracic spine, bilateral wrist, and bilateral hand pain. On physical examination of the cervical spine, there was +4 spasm and tenderness of the bilateral paraspinals from C4-7, bilateral suboccipital muscles, and upper shoulder muscles. Cervical spine range of motion was limited. Axial compression, distraction, and shoulder depression tests were positive bilaterally. Left biceps, brachioradialis, and triceps reflexes were decreased. There was decreased sensation at the C5, C6, and C7 dermatomes. Motor strength was within normal limits. Lumbar spine examination revealed +4 spasm and tenderness of the bilateral lumbar paraspinal muscles from L1 to S1. Lumbar spine range of motion was limited. Kemp's, straight leg raise, Braggard's, and Yeoman's tests were positive bilaterally. The bilateral patellar, hamstrings, and Achilles reflexes were decreased. There was decreased sensation at the L4, L5, and S1 dermatomes. Motor strength was within normal limits. Shoulder examination showed +4 spasm and tenderness of the bilateral upper shoulder and rotator cuff muscles. Shoulder range of motion was limited bilaterally. Codman's, Speeds, and supraspinatus tests were positive bilaterally. Knee examination revealed +4 spasm and tenderness to the bilateral anterior joint lines, bilateral prepatellar tendons, vastus medialis, and popliteal fossa. Knee range of motion was restricted. Anterior drawer, posterior drawer, McMurray's, and Clarke's tests were positive bilaterally.

Ankle and foot examination showed +4 spasm and tenderness of the right lateral and medial malleoli, heel, and plantar fascia. Ankle range of motion was restricted also. Valgus and varus tests were positive on the right. Treatment to date has included medications, physical therapy, and psychiatric treatment.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 7 Page(s): 132- 139.

Decision rationale: According to pages 132-139 of the ACOEM guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work; however, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, a functional capacity evaluation was requested to be used as an assessment measure that can be used repeatedly over the course of treatment. However, guidelines state that FCEs are used to assess current work capability. The medical records did not provide a discussion regarding return-to-work attempts or indications requiring a detailed exploration of the patient's abilities. Furthermore, FCEs are typically performed when the patient is close or at maximum medical improvement and there was no evidence that the patient has achieved such status. As such, the request is not medically necessary.

LSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to page 301 of the ACOEM guidelines referenced by the California MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, lumbosacral orthosis was prescribed for the patient in order to stabilize the lumbar spine and promote healing. However, the medical records showed that the patient's pain is of a chronic nature. As stated above, lumbar supports have no lasting benefit beyond the acute phase of treatment. As such, the request is not medically necessary.

