

<b>Case Number:</b>	CM14-0016670		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/14/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 patient is a 45 year old male who was injured on 12/18/2013 when he fell off of a ramp. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/28/2013 shows a 2.2 mm broad-based protrusion at L4-L5, combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing; L5-S1 shows a 3.5 mm left lateral recess disc protrusion combined with facet and ligamentum flavum hypertrophy produces spinal canal narrowing and bilateral lateral recess and left greater than right neuroforaminal narrowing. There are no other significant findings noted. MRI of the right knee dated 08/24/2013 revealed trace tenosynovitis of the tibial posterior tendon sheath at the medial aspect of the ankle; and a small ankle joint and subtalar joint effusion. FCE dated 12/18/2013 was reviewed. Office note dated 02/03/2014 reports the patient received a functional capacity evaluation. Current medical complaints include low back pain rated 8-9/10; right lower extremity pain rated 6-7/10; and right ankle pain rated 8/10. He injured his low back, fractured his right tibia, and sprained his ankle. The patient reported that he can sit or stand for 5 minutes. He cannot crawl, but he can kneel. Furthermore, he cannot lift over 5 pounds. No physical exam findings were provided. Office note dated 04/04/2013 indicates the patient worked as a truck driver for [REDACTED] for one year and six months. He worked 13-24 hours per day, 6 days per week. His main job responsibilities were lifting, driving, pushing, pulling, walking, standing, and setting up chairs at events. The patient reports his work activities included frequent sitting, standing, walking, bending, stooping, squatting, crawling, climbing, reaching at shoulder level, reaching overhead, kneeling, ascending/descending stairs, climbing ladders, balancing, pushing, pulling, walking on uneven surfaces and driving. The patient states that he was required to frequently lift up to 100 lbs from waist level to overhead. He had to bend over while lifting. He had to carryover various distances. He was not provided a lumbar support. On examination of

the lumbar spine, there is normal lordosis. There is no inflammation, swelling, redness or bruising. There is tenderness to palpation over the L3 through S1 levels. There is myospasm noted; Kemp's test is positive; Bechterew's test is positive on the right. The range of motion is moderately limited in all planes of motion. The patient is right-hand dominant. On inspection of the right tibia/fibula, there is no swelling, inflammation, or deformity. There is tenderness to palpation. The right ankle reveals no inflammation, swelling, redness or bruising. There is tenderness to palpation over the lateral malleolus. The patient is diagnosed with lumbar spine sprain/strain, right ankle sprain/strain, and right tibia/fibular fracture. The patient is unable to return to work until 45 days and /or following next re-evaluation. The patient is recommended a compounded cream and medication for treatment such as capsaicin 0.025%; Flurbiprofen 15%; Tramadol 15%; Menthol 2%; Camphor 2%; Flurbiprofen 25%; and Cyclobenzaprine 02%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FUNCTIONAL CAPACITY ASSESSMENT (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) , 2nd Edition, Independent Medical Examinations And Consultations Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Exam.

**Decision rationale:** The Expert Reviewer's decision rationale: ODG Guidelines indicate that FCE can be considered if there is prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, close or at MMI/all key medical reports secured, and additional/secondary conditions need to be clarified. Since medical record did not demonstrate any of the reasons above, the medical necessity of FCE is not established.