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| Case Number: | CM14-0181189 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 07/25/2014 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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 Pain Management, 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 39 year old male with an injury date of 07/25/14. Per the 09/18/14 report the patient presents with occasional moderate neck pain radiating into the thoracic spine, shoulder blades, bilateral arms and forearms with occasional headaches. Pain is rated 6/10. The patient also presents with constant moderate to severe mid to lower back pain radiating into the buttock, bilateral thighs, knees, calves, ankles, feet and big toes with prolonged standing or sitting along with numbness and tingling sensations of the feet and toes. The patient is released to work with modified duties. Examination of the cervical spine reveals tenderness to palpation of the middle and lower paravertebral muscles. Examination of the shoulders shows tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex and rotator cuff bilaterally. Tinel's sign is positive in the bilateral elbows. There is tenderness to palpation of the spinous processes and bilateral sacroiliac joints with pain in the bilateral sciatic notch. Straight leg raise and Lasague's are positive bilaterally. The patient's diagnoses include: 1. Cervicothoracic strain, rule out bilateral C6-7 radiculopathy 2. Lumbar spine pain with bilateral sciatica, rule out left L5 radiculopathy 3. Bilateral shoulder pain with xray findings of degenerative enthesophyte of the inferior margin of the acromion bilaterally. Medications are listed as Lisinopril, Aspirin, Diclofenac, Tramadol, Ibuprofen and Flexeril. The utilization review being challenged is dated 09/30/14. The rationale is that there is no evidence of consideration of a new job or attempts to return to work. Reports were provided from 07/25/14 to 09/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Guidelines Chapter 7 page 137, FCE

Decision rationale: The patient presents with pain in the neck, lower to mid back, shoulder blades, arms, forearms, buttock, thighs, knees, calves, ankles, feet and big toes along with headaches. The treating physician requests for INITIAL FUNCTIONAL CAPACITY EVALUATION. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the patient is cleared to return to work with modified duties; however, the treating physician does not discuss why the FCE is crucial. The reports provided do not show it is requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request is not medically necessary and appropriate.