

<b>Case Number:</b>	CM14-0191972		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & 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 48 year old female with a date of injury 03/05/14. The treating physician report dated 10/07/14 indicates that the patient presents with pain affecting their shoulders, right wrist, right elbow, right hand, and right knee. The physical examination findings reveal that the patient has limited ROM C/S. All other objective findings are illegible. The utilization review report dated 10/16/14 denied the request for FCE of should/arm, knee and leg, neck, lumbar, sprain nos, wrist and hands; Pain Management Evaluation; and Neurospine Evaluation based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 FCE for shoulder/arm, knee and leg, neck, lumbar, sprain nos, wrist and hands: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7 Independent Medical Examinations and Consultations page 137-138

**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) Chapter 7, page(s) pg 137-138

**Decision rationale:** The patient presents with pain affecting their shoulders, right wrist, right elbow, right hand, and right knee. The current request is for 1 FCE for shoulder/arm, knee and leg, neck, lumbar, sprain nos, wrist and hands. The treating physician report dated 10/07/14 (30-31) does not indicate there has been a change in work status. The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." In this case there is no documentation indicating that the employer or claims administrator is requesting the FCE. The ACOEM guidelines are very specific when it comes to how the current request can be authorized and in this case, those requirements are not presents. In this case there is no documentation that the employer or claims examiner has requested a functional capacity evaluation. Therefore, the request is not medically necessary.

**1 Pain management evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment 4/27/2007 page 56

**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) Chapter 7, page(s) 127-128

**Decision rationale:** The patient presents with pain affecting their shoulders, right wrist, right elbow, right hand, and right knee. The current request is for 1 Pain management evaluation. The treating physician in their report dated 10/07/14 (30-31) does not indicate there has been significant change in the patient's pain levels. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician is requesting a pain management consult for persistent pain and positive MRI findings. Request for consult is medically necessary.

**1 Neurospine evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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) Chapter 7, page(s) pg 127-128

**Decision rationale:** The patient presents with pain affecting their shoulders, right wrist, right elbow, right hand, and right knee. The current request is for 1 Neurospine evaluation. The treating physician in their report dated 10/07/14 (pg 30-31) does not indicate there has been significant change in the patient's Neurospine statue. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the IW has positive MRI findings and the treating physician states the IW's condition is not improving. Request for consultation is medically necessary.

**1 Initial high complexity evaluation for the neck and lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 171, 180. Decision based on Non-MTUS Citation Official Disability Guidelines

**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) Chapter 7, page(s) pg 127-128

**Decision rationale:** The patient presents with pain affecting their shoulders, right wrist, right elbow, right hand, and right knee. The current request is for 1 Initial high complexity evaluation for the neck and lumbar. The treating physician is performing a high complexity evaluation that is equivalent to what is requested. Request is medically necessary.