

Case Number:	CM15-0101609		
Date Assigned:	06/04/2015	Date of Injury:	01/04/2001
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 78 year old male, who sustained an industrial injury on 01/04/2001. He reported pushing a 425 pound roll of paper onto a dolly when the dolly slipped striking the injured worker's left side knocking the injured worker down. The injured worker was diagnosed as having lumbar spine strain, left shoulder strain, right knee strain, and left elbow strain. Treatment and diagnostic studies to date has included use of a cane, medication regimen, land physical therapy, and aquatic therapy. In a progress note dated 04/08/2015 the treating physician reports complaints of occasional neck pain, constant, aching pain to the bilateral shoulders with numbness and tingling sensations occasionally, along with headaches and associated symptoms of nausea, vomiting, dizziness, and a loss of equilibrium. The progress note also reported complaints of constant pain to the bilateral elbows that radiates to the arms and hands along with clicking and popping, intermittent numbness and tingling of the forearms and hands, constant, aching low back pain, and constant pain to the knees with reports of the knees giving way. The examination reveals tenderness to the medial and lateral epicondyle of the left elbow and forearm, tenderness to the bilateral lumbar five to sacral one paravertebral muscles, and crepitation in the right knee. The treating physician requested a functional restoration program along with range of motion and manual muscle testing, but the documentation did not indicate the specific reason for the requested treatments and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations - Analysis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional / secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at MMI with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

ROM/MT (range of motion/manual muscle test): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89.

Decision rationale: Regarding the request for range of motion and muscle testing, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested range of motion and muscle testing is not medically necessary.

