

<b>Case Number:</b>	CM15-0102192		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/16/2015
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Emergency Medicine

### 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 28 year old, female who sustained a work related injury on 3/16/15. She was pushing a wheelchair with a patient who kept trying to get up. She felt sharp pain in her left shoulder and back, which was worsened from a previous injury. The diagnoses have included lumbosacral strain/sprain, thoracic strain/sprain, left shoulder strain/sprain, cervical spine strain/sprain, lumbar disc disease, lumbosacral neuritis/radiculitis, subluxation of sacrum and myalgia/myositis. Treatments have included medications, heat/ice therapy, physical therapy and home exercises. In the Doctor's First Report of Occupational Injury and Illness dated 5/11/15, the injured worker complains of constant, dull lumbar back pain. She has radiating pain and numbness down both legs. She complains of constant, dull thoracic spine pain. She complains of intermittent, dull cervical spine pain. She also complains of intermittent, dull left shoulder pain. She has decreased range of motion in thoracic and lumbar spine areas. She has positive Lasegue's, Faber's, Ely's, and Kemp's tests bilaterally. She has a positive Bragard's test on the left. She has positive Milgram's and Valsalva's tests. The treatment plan includes a request for a physical performance test to determine work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical performance test to determine work restrictions using objective data:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity evaluations.

**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's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138.

**Decision rationale:** The ACOEM Practice Guidelines state that there is here is little scientific evidence confirming functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in the workplace. The injured worker has constant, dull lumbar back pain. She has radiating pain and numbness down both legs. She complains of constant, dull thoracic spine pain. She complains of intermittent, dull cervical spine pain. She also complains of intermittent, dull left shoulder pain. She has decreased range of motion in thoracic and lumbar spine areas. She has positive Lasegue's, Faber's, Ely's, and Kemp's tests bilaterally. She has a positive Bragard's test on the left. She has positive Milgram's and Valsalva's tests. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Physical performance test to determine work restrictions using objective data is not medically necessary.