

Case Number:	CM15-0142384		
Date Assigned:	08/06/2015	Date of Injury:	09/27/2003
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: Family Practice

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 44-year-old male, who sustained an industrial injury on September 27, 2003. He reported injury to his cervical spine, lumbar spine, left knee, right knee, right hip and bilateral shoulders. The injured worker was recently diagnosed as having chronic cervical musculoligamentous sprain strain, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, right shoulder arthroscopic subacromial decompression, bilateral chondromalacia patella, status post left knee arthroscopic surgery, L4-5 and L5-S1 annular tears and gastropathy secondary to medication intake. Treatment to date has included diagnostic studies, epidural steroid injection, surgery, physical therapy and medication. On July 9, 2015, the injured worker complained of persistent lower back pain rated as an 8 on a 1-10 pain scale. He complained of bilateral knee pain. The right knee pain was rated a 4 and the left knee was rated a 6 on the pain scale. The injured worker also complained of cervical spine pain rated as a 7-8 on the pain scale. The pain is made better with rest and medication. Norco medication was noted to bring the pain from a 9 down to a 4 on the pain scale allowing him to do basic activities of daily living and continue working. His Motrin helps bring the pain down from a 9 to a 5-6 on the pain scale. The treatment plan included a follow-up visit, barium swallow, urologist consultation, proctologist consultation and medicated cream. On July 17, 2015, Utilization Review non-certified the request for functional capacity evaluation for cervical spine, left knee, lumbar spine and right hip only, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation, cervical spine, left knee, lumbar spine, right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program Page(s): 49.

Decision rationale: This patient has chronic neck, shoulder, lower back and knee pain. The patient receives treatment for chronic pain in these body regions due to a work-related claim of injuries dated 09/27/2003. This patient has had failed low back surgery syndrome, rotator cuff tendinitis, and has had arthroscopic L knee surgery and an anterior cervical fusion operation. This review addresses a request for referral to a functional reserve capacity evaluation for the neck, L knee, lumbar spine, and R hip. The main challenge in recommending these programs lies in the fact that studies have failed to agree on how to appropriately screen for inclusion in these programs. In addition, while there is some evidence for recommending these programs for low back pain, there is little scientific evidence for recommending these programs for neck and shoulder pain. Given the fact that the patient has received treatment for over 20 years for these medical and post-surgical conditions, the documentation does not make clear why this referral is indicated at this time. A Functional Restoration Program is not medically indicated.