

<b>Case Number:</b>	CM15-0142464		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 (IW) is a 39 year old male who sustained an industrial injury on 06/26/2014. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as: Closed head injury; Lumbar spine strain; Lumbar radiculopathy; Internal derangement/chondromalacia of the left knee; Right ankle lateral ligament sprain; Status post laceration on the left thumb; Lumbar disc protrusion at L5-S1. Treatment to date has included pain medications, MRI, and chiropractic care to the right ankle, knee, and lumbar spine. In the provider notes of 06/02/2015, the worker is seen for pain management of pain in the thoracic and lumbar spine with pain in the left hand. The thoracic spine has tenderness to palpation over the upper, mid, and lower paravertebral muscles with limited range of motion. The worker has tenderness to palpation over the upper, mid, and lower paravertebral muscles with mild limitation of motion. The lumbar spine has tenderness to palpation over the upper, mid, and lower paravertebral muscles. The range of motion is diminished in all planes and limited with pain. Straight leg raising and rectus femoris stretch sign do not illustrate irritability. Examining the fingers of the left hand, there is a well-healed non-tender scar over the dorsum of the distal phalanx without signs of infection. There is diffuse tenderness over the proximal phalanx and distal phalanx. There is tenderness over the IP joint. The basal, MP (metacarpophalangeal) and PIP (proximal interphalangeal) joint have satisfactory range of motion. Active range of motion of the DIP (distal interphalangeal) joint is 0-15 degrees and limited by discomfort. The passive range of motion is limited by dysfunction. The left knee exam showed tenderness to palpation over the medial joint line and mild patellofemoral

irritability. Neurological testing was normal with exception of patchy decreased sensation in the bilateral extremities in the L5 distribution. The worker has a non-antalgic gait. He can heel and toe walk without difficulty but cannot fully squat or duck waddle. The treatment plan was for functional restoration therapy. A request for authorization was made for the following: 1 Functional Capacity Evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Functional Capacity Evaluations: Upheld**

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

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

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the thoracic spine, lumbar spine, knee, and left upper extremity. The medical diagnoses include closed head injury, lumbar disc disease, internal derangement of L knee, R ankle sprain, and laceration repair L thumb. This relates back to an industrial injury on 06/02/2015. This review addresses a request for a referral to a functional capacity evaluation. 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 for other anatomic areas, such as the knee, ankle or hand. A Functional Restoration Program is not medically necessary.