

<b>Case Number:</b>	CM15-0162200		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Massachusetts

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 35 year old male who sustained an injury on 5-29-12 resulting from falling through a skylight while he was working on the roof and fell approximately 15 feet onto a marble floor. The initial workup revealed an epidural hematoma, moderate sized left temporoparietal scalp hematoma, and a left temporal bone fracture. Diagnostic tests included CT scan lumbar spine, thoracic spine, and maxillofacial bones, X-rays of the left wrist, chest, and cervical spine. Results from these diagnostic tests showed a nondisplaced fracture of the anterior aspect of the left temporal bone, a minimally displace fracture of the left distal radius fracture, 1st rib fracture, type II odontoid fracture and a 5mm ear laceration. The IW underwent left temporal craniectomy with evacuation of the left temporal epidural hematoma; 6-1-12 left distal radius open reduction internal fixation surgery and was transferred to an inpatient acute rehabilitation facility and received physical therapy, occupational therapy, speech therapy and was discharged home on 6-21-12. Medications have included Naprosyn 500 mg, Lexapro 20 mg and Restoril 30 mg at bedtime as needed for insomnia. Diagnoses are Traumatic brain injury; spinal cord injury; Odontoid fracture; anterior aspect left temporal bone fracture; temporomandibular joint and dental abscesses; left distal radius fracture; left shoulder pain status post left shoulder arthroscopy and distal clavicle excision; left ear laceration; right facial cellulitis; back pain, insomnia, adjustment disorder with mixed anxiety and depression. Currently as reported on 7-27-15 the IW is stating that the medications help a little. He reports neck pain, exercises at home almost daily and has returned back to work. He is unable to climb ladders and

would like to repeat the functional capacity evaluation that was done over a year ago. Medications include Naproxen 500 mg; Cortisone 1 % topical cream; Clobetasol 0.05 % topical cream. Physical exam notes his gait is within normal limits; no tenderness to palpation along cervical spine, minimal tenderness in left upper trapezius, no tenderness in right upper trapezius; no tenderness to palpation along lumbar spine or lumbar paraspinal. The plan is to continue with home exercise program. Current requested treatments functional capacity evaluation.

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

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 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 6, p13.

**Decision rationale:** The claimant sustained a work injury as the result of a fall in May 2012. He sustained injuries including a traumatic brain injury, spinal injury, and multiple orthopedic injuries. When seen, he had returned to work as a painter and was doing what he was capable of. He felt that he was being aggressive with his wife and children. He did not want to be seen by a psychiatrist or psychologist. He recalled having had a functional capacity evaluation more than one year before. When seen, there was decreased hip flexion strength bilaterally. There was minimal left upper trapezius tenderness. The assessment references repeating the functional capacity evaluation. The result of the previous evaluation were not available. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. In this case, when requested, the result of the previous functional capacity evaluation were not available. The claimant's traumatic brain injury occurred more than three years ago and his residual deficits would be expected to be ongoing and unchanged from what was present at the prior functional capacity evaluation. A repeat function capacity evaluation was not medically necessary.