

Case Number:	CM15-0119954		
Date Assigned:	06/30/2015	Date of Injury:	08/15/2014
Decision Date:	09/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 8/15/2014. Diagnoses include cervical strain, cervical disc desiccation, cervical disc bulging, lumbar strain, lumbar disc desiccation, lumbar disc bulging, bilateral inguinal hernias and coccydynia. Treatment to date has included diagnostics and conservative care including modified work and medications. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported neck pain rated as 5/10 and radiating to the trapezius, low back pain rated as 6-7/10 and radiating to the buttocks and middle back and bilateral inguinal pain rated as 7/10, left greater than right. He also reported abdominal pain rates as 5/10, worse with driving. With lifting he feels bilateral groin warm, burning sensations with swelling. Physical examination revealed tenderness to the cervical and lumbar paraspinals and trapezial muscles. There was bilateral inguinal tenderness without mass. The plan of care included surgical intervention of the inguinal hernias and authorization was requested for laparoscopic versus open repair of hernias, one functional capacity evaluation and one range of motion testing.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 137.

Decision rationale: The patient was injured on 08/15/14 and presents with neck pain which radiates to the trapezius, low back pain which radiates to the buttocks, middle back pain, bilateral inguinal pain, and abdominal pain. The request is for a Functional Capacity Evaluation. The RFA is dated 05/21/15 and the patient is to return to modified work on 05/21/15. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "The examiner is responsible for determining whether the impairment results in functional limitations". The employer or claim administrator may request functional ability evaluations." These assessments also may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial". There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace". The patient has tenderness along the cervical paraspinals, tenderness along the trapezial muscles, a diminished range of motion of the cervical spine with muscle guarding, tenderness along the lumbar paraspinals, a restricted lumbar spine range of motion with muscle guarding, and a tender coccyx. He is diagnosed with cervical strain, cervical disc desiccation, cervical disc bulging, lumbar strain, lumbar disc desiccation, lumbar disc bulging, bilateral inguinal hernias, and coccydynia. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCE's predict the patient's actual capacity to work. Therefore, the requested functional capacity evaluation is not medically necessary.

Range of Motion testing: 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, Lumbar & Thoracic (Acute & Chronic) - Flexibility; Neck & Upper Back (Acute & Chronic) - Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Functional Improvement Measures.

Decision rationale: The patient was injured on 08/15/14 and presents with neck pain which radiates to the trapezius, low back pain which radiates to the buttocks, middle back pain, bilateral inguinal pain, and abdominal pain. The request is for a Range of Motion Testing. The RFA is dated 05/21/15 and the patient is to return to modified work on 05/21/15. ODG-TWC, Pain (Chronic) Chapter, under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would

otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The patient has tenderness along the cervical paraspinals, tenderness along the trapezial muscles, a diminished range of motion of the cervical spine with muscle guarding, tenderness along the lumbar paraspinals, a restricted lumbar spine range of motion with muscle guarding, and a tender coccyx. He is diagnosed with cervical strain, cervical disc desiccation, cervical disc bulging, lumbar strain, lumbar disc desiccation, lumbar disc bulging, bilateral inguinal hernias, and coccydynia. The reason for the request is not provided. Range of Motion measurements can be easily obtained via clinical examination. ODG Guidelines recommend range of motion testing and muscle testing as part of follow up visits and routine physical examination. However, Range of Motion testing is not recommended as a separate billable service. Therefore, the request is not medically necessary.