

Case Number:	CM15-0121401		
Date Assigned:	07/02/2015	Date of Injury:	03/02/2015
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year-old male who sustained an industrial injury on 03/02/15. He reports low back pain. Initial diagnoses include lumbar sprain/strain, and spasm of muscle. Treatments to date include physical therapy, shockwave therapy, acupuncture, and pain medication management. In a progress note date 05/18/15 he reports constant, moderate to severe, burning radicular neck pain with muscle spasms. The pain is rated as an 8 on a 10 point pain analog scale, and associated with numbness and tingling of the bilateral upper extremities. He has constant, moderate to severe, burning pain to the left shoulder that radiates down the arm to the fingers with muscle spasms; the pain is an 8 out of 10. The pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. He has constant, moderate to severe burning left elbow and wrist pain with muscle spasms, and numbness, tingling, and pain radiating to the hand and fingers. There is constant moderate to severe, burning, radicular low back pain with muscle spasms; the pain is an 8 out of 10 with numbness and tingling of the bilateral lower extremities. It is aggravated by prolonged sitting, standing, walking, bending, positional changes, activities of daily living, and using stairs. Physical examination was remarkable for tenderness at the cervical spine and surrounding area; range of motion is decreased. Cervical distraction and compression were positive. There is tenderness to palpation at the left shoulder with decreased range of motion; Neer's impingement sign and Hawkins were positive. Left elbow had tenderness and decreased range of motion; Cozen's sign and Tinel's are positive. There is tenderness at the left carpal tunnel and first dorsal muscle compartment with generalized tenderness at the hand and base of the thumb; range of

motion is decreased. Sensation is slightly diminished over the cervical spine dermatomes and thoracic dermatomes in the left upper extremity. There is palpable tenderness with spasms at the lumbar paraspinal muscles and over the lumbosacral junction with sciatic notch tenderness; range of motion is decreased. Tripod sign, Flip-test, and Lasegue's Differential were positive. Lower extremities have decreased sensation bilaterally and decreased strength. Current diagnoses include cervical spine sprain/strain; rule out herniated disc and cervical radiculopathy, left shoulder/elbow/wrist sprain/strain; rule out derangement, left hand/thumb pain, low back pain with lumbar spine sprain/strain; rule out herniated disc, and rule out radiculitis lower extremity. Treatment recommendations include radiographic imaging, EMG/NCV study, and functional capacity evaluation. The injured worker is under temporary total disability. Date of Utilization Review: 06/02/15

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 ODG, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12 and 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. The ODG states that if the patient is close or at MMI/all key medical reports secured and FCE may be appropriate. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues or that the patient is close to MMI with all reports secured. The request for a functional capacity evaluation is not medically necessary.