

Case Number:	CM15-0079064		
Date Assigned:	04/30/2015	Date of Injury:	02/22/2013
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, 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 62 year old male who sustained an industrial injury on 02/22/2013. Diagnoses include status post left total knee arthroplasty and scar tissue excision, cervical, thoracic spine musculoligamentous sprain and strain, lumbar spine musculoligamentous strain and sprain with bilateral lower extremity radiculitis with bilateral sacroiliac joint sprain, bilateral shoulder tendinitis, strain/impingement/acromioclavicular osteoarthritis, bilateral medial and lateral epicondylitis, bilateral wrist flexor/extensor tenosynovitis with carpal tunnel syndrome and de Quervain's tenosynovitis, right knee sprain with patellofemoral arthralgia, bilateral plantar fasciitis, emotional complaints of sleep difficulty, internal medicine complaints and headaches. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, home exercise program, and knee injections. A physician progress note dated 08/07/2014 documents the injured worker complains of neck pain, mid back pain, low back pain radiating to the bilateral lower extremities, bilateral shoulder pain, bilateral elbow pain, bilateral wrists and hand pain, bilateral knee pain, bilateral foot pain, headaches, stress, anxiety, depression and difficulty sleeping, and internal medicine complaints including gastric reflux. Tenderness and spasm is present over the paraspinal musculature and trapezius muscles bilaterally of the cervical spine. There is tenderness and muscle spasm over the paraspinal musculature bilaterally to the thoracic and lumbar spine. There is tenderness present to palpation of both shoulders over the subacromial region, acromioclavicular joint and supraspinatus tendon. Impingement test and Cross Arm tests are positive on the left. The elbows are tender over the medial and lateral epicondyles, Cozen's and Reverse Cozen's tests are slightly positive bilaterally. Her bilateral

wrists reveal Tinel's sign, and Phalen's tests are slightly positive. Finkelstein's test is positive bilaterally. Her left knee has tenderness to palpation over the medial joint line, lateral joint line and peripatellar region. Anterior Drawer test, Posterior Drawer test and Valgus and Varus stress tests are negative. McMurry's test is negative and elicits pain only on the right. There is patellofemoral crepitus with passive ranging bilaterally. Bilateral ankles are tender to palpation over the plantar fascia. Anterior Drawer test and Inversion and Eversion stress tests are negative. She ambulates with a slightly antalgic gait favoring his right lower extremity. Treatment requested is for Retro: functional capacity evaluation (DOS: 9/17/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: functional capacity evaluation (DOS: 9/17/14): Overturned

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, the claimant was working while sustaining significant pain. The worker's capacity was identified. There were restrictions and limitations identified by the claimant and physician. Prior surgery was not successful. As a result, a functional capacity evaluation for the dates in question is appropriate and medically necessary.