

Case Number:	CM15-0092261		
Date Assigned:	05/15/2015	Date of Injury:	08/26/2013
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/07/2015

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 56-year-old male who sustained a cumulative industrial injury on 08/26/2013. The injured worker was diagnosed with cervical spine sprain/strain, cervicgia, thoracic spine sprain/strain, and lumbar spine sprain/strain, right shoulder sprain/strain, left shoulder impingement/tendinopathy, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, right knee meniscus tear and depression. Treatment to date includes diagnostic testing, physical therapy, chiropractic therapy, acupuncture therapy, steroid injections, multiple extracorporeal shockwave therapy to left shoulder and bilateral wrists, psychiatric and psychological evaluation, tennis elbow brace, back support and medications. There was no documentation of surgical procedures performed. According to the most recent physical examination by the Qualified Medical Examiner on March 3, 2015, the injured worker ambulates without assistive devices with a normal heel to toe gait. The cervical spine examination was negative. Right shoulder had full and painless range of motion. The left shoulder demonstrated limitations in range of motion with abduction to 120 degrees, flexion to 160, internal and external rotation to 80 degrees and extension and adduction to 50 degrees with positive impingement signs. There was no point tenderness at the biceps groove, subacromial bursae or acromioclavicular joints. Examination of the right elbow demonstrated tenderness over the epicondyle with full and painless range of motion. The left elbow was within normal limits. The wrists/hands were negative for tenderness and full range of motion was noted at the wrists and fingers. The lumbar spine examination noted mild paralumbar tenderness with positive straight leg raise on the right causing back pain at 50 degrees. Forward flexion was 8 inches above the

floor without discomfort. Straight leg raise on the left caused neither back or leg pain. Hips and sacroiliac (SI) joints were negative. Range of motion of the bilateral knees was 125 degrees flexion with some tenderness to palpation at the medial joint line on the right knee. No effusions, crepitus, instability, Lachman's test and Drawer sign were evident. Bilateral lower extremity deep tendon reflexes were intact. No motor, sensory or neurovascular deficits of the lower extremity were noted. Current medications are listed as Tramadol, Ambien and topical analgesics. The injured worker is currently working with a different employer. Urine drug screening throughout the review were consistent with medications prescribed and positive for nicotine. The current request is for a retrospective request for urine drug screening (DOS: 9/11/2013 reported on 9/19/2013) and Functional Capacity Evaluation (FCE) (DOS 9/30/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Urine Toxicology completed between 9/11/13 - 9/19/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps before a Therapeutic Trail of Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The request was made on initial intervention prior to understanding tolerance, behavior and response to medications. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.

Retrospective 1 Functional Capacity Evaluation completed between 9/11/13 - 9/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Functional Capacity Page(s): 48. Decision based on Non-MTUS Citation Occupational Health Physical Therapy Guidelines pg 1.

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,

there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. The request made on an initial evaluation, without evidence, for failed interventions before initiating work capacity. As a result, a functional capacity evaluation for the dates in question is not medically necessary.