

<b>Case Number:</b>	CM14-0142456		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37 year-old patient sustained an injury on 5/14/13 while employed by [REDACTED] 4. Request(s) under consideration include 1 neurology consultation regarding right leg nerve pain and 1 functional capacity evaluation. Diagnoses include right lower leg burn; residual pain in right knee, leg and ankle. Conservative care has included physical therapy; medications, triggers point injections, and modified activities/rest. MRI of right knee had no obvious internal derangement/tear. MRI of right ankle noted remote navicular fracture and posterior tibia tendonitis. Lumbar spine MRI showed 2.6 mm disc protrusion, facet arthrosis without significant neural foraminal or canal stenosis. Report of 7/23/14 from the provider noted the patient with ongoing constant right shoulder pain rated at 7/10 with popping, unable to sleep; constant right knee pain rated at 7/10 with popping, giving away, with numbness into her right ankle; constant low back pain rated at 7-8/10 radiating down right leg. Exam showed right shoulder with tenderness anteriorly, decreased range; right knee with range of 0-140 degrees and tenderness of lower extremities; no mention of low back or neurological findings of lower extremities. The request(s) for 1 neurology consultation regarding right leg nerve pain and 1 functional capacity evaluation were non-certified on 8/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 NEUROLOGY CONSULTATION REGARDING RIGHT LEG NERVE PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330.

**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 7- Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for uncomplicated complaints. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty of orthopedics nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The 1 neurology consultation regarding right leg nerve pain is not medically necessary and appropriate.

**1 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

**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 7, Independent Medical Examinations and Consultations, page(s) 137-138

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining functionally unchanged without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation (FCE), there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The 1 Functional Capacity Evaluation is not medically necessary and appropriate.

**1 ROM:** 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 Pain (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flexibility, pages 423-424 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, pages 137-138

**Decision rationale:** Computerized ROM/ strength testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Submitted reports have not adequately provided extenuating circumstances or clear indication for computerized testing over the standard practice of manual evaluation with use of inclinometer. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The 1 ROM is not medically necessary and appropriate.