MAXIMUS Federal Services

Case Number:	CM13-0041561		
Date Assigned:	12/20/2013	Date of Injury:	08/07/1998
Decision Date:	03/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician 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:

The patient is a 60-year-old female who reported an injury on 08/07/1998. The patient was reportedly injured as the result of repetitive trauma. The patient is currently diagnosed with medial epicondylitis of the elbow and ganglion cyst. The patient was seen by [redacted] on 09/05/2013. There were no subjective or objective findings provided. Treatment recommendations included a Functional Capacity Evaluation, an MRI, and an EMG study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92. Decision based on Non-MTUS Citation Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a number of functional assessment tools are available including functional capacity examination when reassessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation should be considered if case management is hampered by complex issues and timing is appropriate. As per the documentation submitted, there is no

subjective or objective findings provided for review. There is also no evidence of previous unsuccessful return to work attempts. There is no evidence that the patient has reached or is close to maximum medical improvement. There was no evidence of a defined return to work goal or job plan. Based on the clinical information received, the medically necessary as not been established. As such, the request is non-certified

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, there was no physical examination provided on the requesting date of 09/05/2013. It is also unknown which area of the patient's body the provider is requesting an imaging study for. Without evidence of any musculoskeletal or neurological deficit, the current request cannot be determined as medically appropriate. As such, the request is non-certified

Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-303.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: California Medical Treatment Utilization Section (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there was no physical examination provided on the requesting date of 09/05/2013. It is also unknown which area of the patient's body is to undergo the electrodiagnostic study. Without evidence of any musculoskeletal or neurological deficit, the current request cannot be determined as medically appropriate. As such, the request is non-certified.