

Case Number:	CM13-0050537		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2010
Decision Date:	04/29/2014	UR Denial Date:	11/10/2013
Priority:	Standard	Application Received:	11/13/2013

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 Occupational Medicine 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:

The patient is a 46 year old male who was injured on 01/07/2010 while he was walking down a stairway at work. He was carrying an approximate 50-pound sail on his shoulder. He tripped over one of the steps, fell, landing on his buttocks, with his left arm extended and he says he injured his left elbow, having immediate pain in the left elbow. Prior treatment history has included medial branch block, Naproxen and chiropractic therapy. Diagnostic studies reviewed include MRI of the lumbar spine performed on 12/12/2012 revealed degenerative disc disease with L4-5 and L5-S1 small central protrusions without canal stenosis or neural foraminal narrowing at any level. Electrodiagnostic study performed 12/28/2012 revealed the electrodiagnostic study reveals evidence of moderate-severe bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. There is evidence of axonal loss, as well as retrograde demyelination bilaterally. There is no electrodiagnostic evidence of cervical radiculopathy and /or generalized peripheral neuropathy. PR2 dated 10/04/2013 indicated the patient presents for a follow-up regarding his left wrist and hand and left elbow symptoms. He currently rates his pain at 3 to 4/10 on the pain scale. He continues with [REDACTED] for pain management. Objective findings on examination of the left elbow revealed range of motion is flexion and extension 0 to 140 degrees, pronation and Supination 0 to 80 degrees. There is tenderness to palpation over the lateral epicondyle. There is no tenderness over the medial epicondyle. There is no tenderness over the olecranon. He has negative Tinel's over the cubital tunnel. He does have positive radial tunnel symptoms. There is no sign of any infection. There is positive pain in the lateral epicondyle with resisted long finger extension. Range of motion with extension 0 to 60, flexion 0 to 70, radial deviation 0 to 15, ulnar and deviation 0 to 30; positive Phalen's; positive Tinel's; positive carpal compression test; negative Finkelstein's; negative CMC grind test; positive tenderness over the flexor tendons; grip

strength is 5-/5; full range of motion of all MCP and IP joints. The patient is diagnosed with 1) Left elbow lateral epicondylitis; 2) Left elbow radial tunnel syndrome; 3) Left elbow common extensor-tendinitis; and 4) Bilateral carpal tunnel syndrome. The recommended treatment plan is a FCE to the left elbow and left wrist which was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Decision based on MTUS ACOEM Page(s): 1398.

Decision rationale: This is a request for Functional Capacity Evaluation (FCE), of the left elbow and wrist apparently to objectify work restrictions in anticipation of permanent and stationary reporting. However, according to ACOEM guidelines, there is little scientific evidence confirming that FCE's predict a patient's ability to perform in the workplace. It is problematic to solely rely on FCE results for determination of work restrictions. FCE is not medically necessary and is non-certified.