

Case Number:	CM13-0067953		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2011
Decision Date:	05/20/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in Utah. 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 49 year-old male. The patient's date of injury is unclear, around Oct, 2010 and had elbow surgery in Sept 2013. The mechanism of injury is a fall. The patient has been diagnosed with elbow pain and abnormal nerve conduction studies. The patient's treatments have included surgery, medications, imaging studies, conduction studies. The physical exam findings show that after surgery, the patient was happy with the results of the surgery, and that the pain was only intermittent at 3 of 10 at the elbow, 4 of 10 at wrist, and 5 of 10 at the left shoulder. The patient was also no longer using oral medications. He was reported to have improving and good functional use of his hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTION CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 (Independent Medical Examinations and Consultations).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127, as well as the Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluations (FCE).

Decision rationale: MTUS/ODG guidelines state that there is little evidence to support a functional capacity evaluation. The evaluation is recommended if there have been unsuccessful attempts to return to employment. It is not medically recommended as a guide for the patient's compliance. There is evidence that the patient has done well after the surgery and PT session. According to the clinical documents, it is unclear that the patient has had attempts to return to work unsuccessfully. According to the clinical documentation provided and current MTUS/ODG guidelines, a functional capacity evaluation is not indicated as a medical necessity to the patient at this time.