

Case Number:	CM14-0004452		
Date Assigned:	02/05/2014	Date of Injury:	12/10/2012
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/13/2014

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old female who reported an injury on 12/10/2012 secondary to repetitive use. She was diagnosed with lateral epicondylitis of the elbows bilaterally, and she underwent a left lateral elbow decompression on 11/12/2013. The injured worker was treated with acupuncture and postoperative occupational therapy. The injured worker was evaluated by her primary treating physician on 12/11/2013 and reported bilateral elbow pain of an unknown severity. On physical examination, the injured worker was noted to have a well-healed incision site. She was recommended for continued occupational therapy and a trial of light duty work status. It was noted that she last worked on 12/12/2012. According to the Doctor's First Report of Occupational Injury, completed by her chiropractor on 12/23/2013, the injured worker was currently working. She reported persistent bilateral elbow pain of unknown severity. On physical examination, she was noted to have full range of motion and normal motor strength of the upper extremities bilaterally as well as normal deep tendon reflexes. It was noted that the injured worker would continue with modified work duties. Current medications were not provided. The injured worker was recommended for a Functional Capacity Evaluation in order to determine work restrictions and for a consultation with a medical doctor in order to determine if prescription analgesics would be appropriate to control her pain. A Request for Authorization was submitted on 12/26/2013 for a Qualified Functional Capacity Evaluation, medical pain management consultation, and 6 office visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED FUNCTIONAL CAPACITY EVALUATION (QFCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Fitness for Duty Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: The California MTUS/ACOEM Guidelines state that for each diagnosis or medical condition, return to work criteria are needed. These guidelines also state that the physician needs to determine what accommodations, modifications, or assistive devices, if any, are required during functional restorations that will allow an employee to return to the essential tasks of their job or alternative work and to allow them to return to their activities of daily living. The injured worker was diagnosed with bilateral lateral epicondylitis of the elbow and underwent a left lateral elbow decompression on 11/12/2013. On 12/11/2013, the injured worker was released to return to modified work duty. These limitations included left arm pulling, pushing and carrying no more than 5 pounds as well as limited typing for 30 minutes per hour and alternating tasks every hour. The medical records submitted for review failed to specify the essential tasks of the job for which a Functional Capacity Evaluation should be performed. The Official Disability Guidelines may recommend a Functional Capacity Evaluation prior to admission to a work hardening program if there has been a prior, unsuccessful return to work attempt or if there is conflicting medical reporting on precautions and/or fitness for a modified job. These guidelines do not recommend a Functional Capacity Evaluation if the worker has returned to work and an ergonomic assessment has not been arranged. As mentioned previously, there is a lack of documentation to indicate that an ergonomic assessment has been completed or that essential job tasks have been assessed. Furthermore, the documentation submitted for review fails to indicate that the injured worker's return to work with modified duty has been unsuccessful or that there has been conflicting medical reporting on precautions or fitness for modified duty. As such, the request for a Qualified Functional Capacity Evaluation is not medically necessary.

MEDICAL PAIN MANAGEMENT DOCTOR CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

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), 3rd Edition, (2011), Chapter 6, PAGE 163

Decision rationale: The injured worker underwent a left lateral elbow decompression on 11/12/2013. She was evaluated by her primary treating physician on 12/11/2013. At that time,

the injured worker reported bilateral elbow pain of unknown severity. The treatment plan noted that the injured worker was doing well postoperatively, and she was recommended to continue therapy and to return to work on modified duty. There was no recommendation for medications at that time. The chiropractor who evaluated the injured worker on 12/23/2013 recommended her for a consultation with a medical doctor to determine if prescription analgesics would be appropriate to control her pain. The ACOEM Guidelines state that if a diagnosis is uncertain or complex, the occupational health physician may refer an injured worker to other specialists for an independent medical assessment. These guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management and permanent residual loss and/or the examinee's fitness for return to work. There are no exceptional factors documented to indicate that the injured worker's primary treating physician would be unable to participate in medication management during the standard course of treatment for postoperative pain. There are no extenuating circumstances documented to indicate that the injured worker's current pain condition is particularly complex. A consultation with a pain management specialist is unwarranted at this time. As such, the request for a medical pain management doctor consultation is not medically necessary.