

Case Number:	CM14-0102539		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2012
Decision Date:	10/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 and Rehabilitation and Pain 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 injured worker is a 57-year-old female who reported an injury on 01/04/2012. The mechanism of injury was not provided for clinical review. The diagnoses included lateral epicondylitis and carpal tunnel syndrome. The previous treatments included medication. The diagnostic testing included an EMG. Within the clinical note dated 06/13/2014, it was reported the injured worker complained of right elbow pain. The injured worker rated her pain 0/10 in severity. Upon the physical examination, the provider noted the injured worker had no crepitus noted in the joints, no tenderness to palpation. The range of motion of the shoulder was forward flexion on the left at 170 degrees and on the right at 170 degrees. The range of motion of the elbow was flexion on the left of 130 degrees and flexion on the right of 130. Provider noted the injured worker's sensation was intact in dermatomes C6-8 bilaterally. The provider requested a Functional Capacity Evaluation to evaluate the injured worker's progress. The Request for Authorization was submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation for Elbow and Wrists as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty chapter, Functional capacity evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pages 137-8, discussion of IME recommendations (includes functional capacity evaluation).

Decision rationale: The request for a Functional Capacity Evaluation for the elbows and wrists as an outpatient is not medically necessary. The California MTUS/ACOEM guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examinations; under some circumstances, this can be best done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as routine use or as a part of occurred rehab or screening or generic assessment in which the question is whether someone can do any type of job generally. There is lack of documentation upon the physical examination indicating the injured worker had undergone previous treatments and the measurements of progress with the prior treatments. There are significant neurological deficits upon physical examination. Therefore, the request is not medically necessary.