

Case Number:	CM14-0010328		
Date Assigned:	02/21/2014	Date of Injury:	09/01/2012
Decision Date:	07/31/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 is licensed to practice in Illinois. 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 62-year-old female who reported an injury on 09/01/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 12/18/2013 indicated the injured worker continued to have tingling down the ulnar border of the left arm, forearm, and to the little and ring finger of the left hand. The injured worker had increased symptoms overhead. The injured worker reported neck discomfort and continued to have chronic but stable pain in both elbows. On physical examination, the injured worker had mild tenderness in medial and lateral epicondyles of both elbows. The injured worker had a positive Tinel's at the ulnar nerve of the left elbow and a positive Wright on the left. The unofficial MRI of the cervical spine dated 02/12/2013 revealed possible left upper extremity cervical radiculopathy, possible left thoracic outlet syndrome, and bilateral medial and lateral epicondylitis of both elbows and possible left cubital tunnel syndrome despite normal electrodiagnostic testing. The injured worker's prior treatments included diagnostic imaging. The provider submitted a request for a Functional Capacity Evaluation for the bilateral shoulders and right elbow. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation For The Right Shoulder is non-certified. The California MTUS/ACOEM guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The California MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. There is a lack of findings upon physical examination demonstrating significant functional deficits. In addition, there is also a lack of documentation of other treatments the injured worker underwent previously and measures of progress, as well as the efficacy of the prior treatments. Additionally, there is a lack of documentation that the injured worker has failed an attempt at work to warrant an FCE at this time to determine restrictions. Moreover, the provider's rationale for the request was not provided within the documentation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION FOR THE RIGHT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation For The Right Elbow is not medically necessary. The California MTUS/ACOEM guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The California MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The ODG recommend a functional capacity evaluation (FCE) prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The ODG recommend a FCE prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be

successful. A FCE is not as effective when the referral is less collaborative and more directive. There is a lack of findings upon physical examination demonstrating significant functional deficits. In addition, there is also a lack of documentation of other treatments the injured worker underwent previously and measures of progress, as well as the efficacy of the prior treatments. Additionally, there is a lack of documentation that the injured worker has failed an attempt at work to warrant an FCE at this time to determine restrictions. Moreover, the provider's rationale for the request was not provided within the documentation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for functional capacity evaluation for the left shoulder is not medically necessary. The California MTUS/ACOEM guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The California MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The ODG recommend a FCE prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The ODG recommend a FCE prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. There is a lack of findings upon physical examination demonstrating significant functional deficits. In addition, there is also a lack of documentation of other treatments the injured worker underwent previously and measures of progress, as well as the efficacy of the prior treatments. Additionally, there is a lack of documentation that the injured worker has failed an attempt at work to warrant an FCE at this time to determine restrictions. Moreover, the provider's rationale for the request was not provided within the documentation. Therefore, the request for Functional Capacity Evaluation is not medically necessary.