

Case Number:	CM14-0013522		
Date Assigned:	02/26/2014	Date of Injury:	01/14/2012
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 claimant is a 57 year old female, who was injured on January 14, 2012. The original injury is documented as occurring when a door struck the claimant's elbow. The most recent clinical document, dated March 4, 2014, indicates the claimant presents with improved right elbow pain, but continues complaints of pain that radiates from the right elbow to the hand and digits. It is described as sharp and stabbing. The claimant rates the pain as 4/10 and describes it as intermittent lasting approximately 1/3 of the day. The physical examination documents normal elbow range motion, diminished right elbow strength, and paresthesias to light touch noted in the thumb, long, and index fingers. The December 10, 2013 clinic progress note does not provide rationale or indication for the functional capacity evaluation. The utilization review in question was rendered on January 6, 2010.

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 SYMPTOMS RELATED TO THE RIGHT WRIST AND RIGHT ELBOW INJURY AS AN OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of functional improvement measures as an assessment to determine improvement of function or maintenance of function during the course of care. However, there is no clear indication as to the rationale for obtaining this evaluation or how this evaluation will have an impact on current care. As such, the request is considered not medically necessary and appropriate.