

Case Number:	CM14-0124660		
Date Assigned:	08/08/2014	Date of Injury:	01/14/2012
Decision Date:	10/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/07/2014

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 & 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 58 year old female who reported an injury on 01/14/2012. The injury reportedly occurred when she was struck in the elbow by a door. Her diagnoses included lateral epicondylitis and carpal tunnel syndrome. Her previous treatment consisted of physical therapy. Her previous surgery included left wrist carpal tunnel surgery. She had x-rays, an MRI of her right elbow, and electromyography done on 01/30/2013 which revealed ulnar neuropathy. The 04/30/2014 note showed that, by March 2014, the injured worker's pain had essentially resolved, but she still reported numbness from the elbow down to her fingers on her right hand. However, it was noted that she went about her business including cooking, shopping, and housework. On 06/13/2014, the injured worker reported she had not been experiencing any pain in her elbow and she had been functioning at a very high level and not having deficits in her functional tolerance for activities of daily living. Physical findings included decreased motor strength of left elbow flexion at 4+/5, as well as right elbow flexion and extension at 4+/5. Her range of motion was also decreased to 130 degrees flexion in the bilateral elbows. Her medication included Lyrica 75mg twice daily. The treatment plan was for a Functional Capacity Evaluation for Elbows and Wrists as an Outpatient. The rationale for request was to measure the injured worker's progress. The request for authorization form 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:

Functional Capacity Evaluation for Elbows and Wrists as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) - <https://www.acoempracguides.org/Elbow>; Table 2, Summary of Recommendations, Elbow Disorders American College of Occupational and Environmental Medicine (ACOEM) - [https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist); Table 2, Summary of Recommendations, Hand and Wrist Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: Based on the clinical information submitted for review, the request for a Functional Capacity Evaluation for Elbows and Wrists as an Outpatient is not medically necessary. As stated in the Official Disability Guidelines, a functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. However, it is not recommended as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. A functional capacity evaluation should be considered if case management is hampered by complex issues such as conflicting medical reporting on precautions and/or fitness for a modified job, injuries that require detailed exploration of a worker's abilities, and if timing is appropriate. Furthermore, a functional capacity evaluation should not be done if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. It was noted that the injured worker had her elbow struck at work in 2012. She reportedly had no pain but had numbness that would go down to her fingers from her elbow. She reported being able to go about her business and did cooking, shopping, and housework. Her work restrictions were changed in February 2014 so that she was able to work 6 hours per day 5 days per week. As noted in the guidelines, a functional capacity evaluation should be considered if case management is hampered by complex issues such as conflicting medical reporting on precautions and/or fitness for a modified job, injuries that require detailed exploration of a worker's abilities; however, there was no documentation showing that there was conflicting medical reporting on precautions for a modified job or that it was required she have a details about her functional abilities. As such, the request for a Functional Capacity Evaluation for Elbows and Wrists as an Outpatient is not medically necessary.