

Case Number:	CM14-0132993		
Date Assigned:	08/22/2014	Date of Injury:	04/03/2013
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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 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:

This 35 year-old patient sustained a repetitive trauma injury to the wrists and elbows on 4/3/13 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation. The patient is s/p elbow ulnar nerve neuroplasty, neurolysis at cubital and Guyon's tunnel, medial epicondylectomy, median nerve neuroplasty/ neurolysis at wrist with flexor tenosynovectomy with long arm splint at right side 1/24/14 and left side on 3/7/14. Report of 6/19/14 from the provider noted the patient with continued complaints of bilateral wrist pain associated with numbness and tingling; along with bilateral elbow pain. Exam showed positive tenderness to palpation over medial joint line at epicondyles; positive Tinel's and Mills test. Diagnoses included elbow sprain/ strain; wrist strain; and carpal tunnel syndrome. Treatment plan included x-rays of bilateral wrists and elbows; physical therapy; cardiorespiratory testing; referral for medication consultation; FCE; and bilateral wrist braces. The request(s) for Functional Capacity Evaluation was not medically necessary on 7/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

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

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), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: This 35 year-old patient sustained a repetitive trauma injury to the wrists and elbows on 4/3/13 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation. The patient is s/p elbow ulnar nerve neuroplasty/ neurolysis at cubital and Guyon's tunnel, medial epicondylectomy; median nerve neuroplasty/ neurolysis at wrist with flexor tenosynovectomy with long arm splint at right side 1/24/14 and left side on 3//7/14. Report of 6/19/14 from the provider noted the patient with continued complaints of bilateral wrist pain associated with numbness and tingling; along with bilateral elbow pain. Exam showed positive tenderness to palpation over medial joint line at epicondyles; positive Tinel's and Mills test. Diagnoses included elbow sprain/ strain; wrist strain; and carpal tunnel syndrome. Treatment plan included x-rays of bilateral wrists and elbows; physical therapy; cardiorespiratory testing; referral for medication consultation; FCE; and bilateral wrist braces. The request(s) for Functional Capacity Evaluation was not medically necessary on 7/22/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for diagnostics, consultation, and PT remaining disabled. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation Following Physical Therapy is not medically necessary and appropriate.