

Case Number:	CM14-0173340		
Date Assigned:	11/03/2014	Date of Injury:	12/10/2012
Decision Date:	12/08/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/20/2014

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:

Injured worker is a female with date of injury 12/20/2012. Per primary treating physician's progress report dated 8/28/2014, the injured worker reports no changes since last visit. Physical exam findings include left greater than right tenderness to palpation, decreased range of motion. Diagnoses include 1) epicondylitis, elbow lateral 2) status postsurgical 3) carpal tunnel syndrome 4) insomnia.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Fitness for Duty Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125;126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) section

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific

recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance 2) the worker has returned to work and an ergonomic assessment has not been arranged. The injured worker reports that symptoms are unchanged since last visit. She is provided work restrictions, but there is no report that the injured worker is having any difficulty returning to work with these restrictions. The requesting physician's purpose and rationale for requesting the functional capacity evaluation is not provided. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Functional capacity evaluation is determined to not be medically necessary.