

Case Number:	CM14-0173919		
Date Assigned:	10/27/2014	Date of Injury:	11/21/2013
Decision Date:	12/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 American Board of Family Practice 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 is a 59-years old female claimant sustained a work injury on November 21, 2013 involving the left elbow and left wrist. She was diagnosed with lateral epicondylitis and tenosynovitis of the left wrist. She had undergone physical therapy as well as acupuncture therapy. She had used a TENS unit. The progress noted March 20, 2014 indicated the in the left elbow. She had swelling in the left extensor compartment of the wrist. Finklestein's test was positive. In June 2014 functional capacity evaluation as requested. In August 2014 her functional capacity evaluation is completed. She was determined to require 4 weeks of vocational rehabilitation as well as restrictions from avoiding excessive grasping reaching overhead reaching.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 175,Chronic Pain Treatment Guidelines Functional improvement Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational health physical therapy guidelines And functional capacity

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.