

Case Number:	CM14-0176888		
Date Assigned:	10/30/2014	Date of Injury:	07/17/2012
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/24/2014

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:

According to the records made available for review, this is a 68-year-old female with a 7/17/12 date of injury, and status post carpal tunnel release. At the time (10/1/14) of request for authorization for functional capacity evaluation (FCE), there is documentation of subjective (occasional severe 9/10 neck pain and stiffness, frequent severe 8/10 achy right shoulder pain, moderate 6/10 right elbow pain, constant 8/10 right wrist pain, tingling, weakness radiating to fingers with numbness and tingling) and objective (sensation decreased globally in the right upper extremity, decreased and painful cervical spine range of motion, 3+ tenderness to palpation of the cervical paravertebral muscles, shoulder depression causes pain bilaterally, decreased and painful right shoulder range of motion, 3+ tenderness to palpation of the anterior shoulder, lateral shoulder, and acromioclavicular joint, 3+ tenderness to palpation of the lateral elbow and epicondyle, right wrist range of motion decreased and painful, tenderness of the dorsal wrist, pain with Phalen's and Finkelstein) findings, current diagnoses (cervical musculoligamentous injury, cervical myofasciitis, rule out cervical disc protrusion, right shoulder sprain/strain, right shoulder impingement syndrome, right elbow sprain/strain, right lateral epicondylitis, right wrist sprain/strain, and bilateral moderate carpal tunnel syndrome per electromyogram/ nerve conduction velocity (EMG/NCV)), and treatment to date (medications, TENS, physical therapy, and activity modification). There is no documentation indicating case management is hampered by complex issues (prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and that timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132 - 139, and the Official Disability Guidelines (ODG), Fitness for Duty Section.

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) Independent Medical Examinations and Consultations page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation (FCE).

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous injury, cervical myofasciitis, rule out cervical disc protrusion, right shoulder sprain/strain, right shoulder impingement syndrome, right elbow sprain/strain, right lateral epicondylitis, right wrist sprain/strain, and bilateral moderate carpal tunnel syndrome per EMG/NCV. However, there is no documentation indicating case management is hampered by complex issues (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); and that timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for functional capacity evaluation (FCE) is not medically necessary.