

Case Number:	CM14-0186083		
Date Assigned:	11/14/2014	Date of Injury:	09/29/2011
Decision Date:	12/22/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 36 year old male with an injury date on 09/29/2011. Based on the 10/24/2014 progress report provided by the treating physician, the diagnosis is: 1. Ulnar Nerve Paralysis/palsy. According to this report, the patient complains of left elbow, arm, and hand pain at an 8/10. Exam findings show mild inflammation over the left posterior wrist and left medial elbow. Moderate rigidity was noticed in the origin of the right flexor carpi ulnar and rigidity in the left elbow, arm, and hand. Orthopedic testing revealed Cozen's Test and Mill's Test were positive. There were no other significant findings noted on this report. The utilization review denied the request on 10/29/2014. The treating physician provided reports dated from 04/16/2014 to 10/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Left Upper Extremity, Qty: 1 visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7, Independent Medical Evaluations and Consultations, pages 132-139.

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, pages 137-139, Functional Capacity Evaluation.

Decision rationale: According to the 10/21/2014 report by treating physician, this patient presents with left elbow, arm, and hand pain at an 8/10. The current request is for Functional Capacity Evaluation for left upper extremity, quantity 1. The utilization review denial letter states "Absent documentation to establish the medical necessity for the request, non-certification is recommended." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." Review of report shows the patient is to "remain off work until 12/31/2014." In this case, the treater does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request is not medically necessary.