MAXIMUS Federal Services

Case Number:	CM14-0035813		
Date Assigned:	06/23/2014	Date of Injury:	12/04/2013
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 12/04/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her neck, bilateral elbows, bilateral forearms, bilateral wrists, and bilateral hands. The injured worker was evaluated on 12/10/2013. It was documented that the injured worker had pain complaints of multiple body parts. It was documented that the injured worker was currently working without restrictions at the time of the evaluation. The evaluation of the cervical spine documented +4 spasming and tenderness of the left paraspinal musculature from the C2-7 and bilateral suboccipital muscles with painful range of motion. It was documented that the injured worker had a positive axial compression/distraction test and shoulder depression test bilaterally. It was noted that the injured worker had decreased left-sided triceps reflexes and right-sided triceps reflexes. Evaluation of the bilateral elbows documented painful range of motion bilaterally with 3+ tenderness over the bilateral medial and lateral epicondyles of the bilateral forearms, with a positive Cozen's test bilaterally, reverse Cozen's test bilaterally, and positive Tinel's sign at the ulnar nerve bilaterally. Evaluation of the bilateral wrist and hands documented painful range of motion with a positive bilateral bracelet test, positive bilateral Tinel's at the carpal tunnel, and a positive bilateral Phalen's test. The injured worker's diagnoses included cervical disc herniation with myelopathy, carpal tunnel syndrome at the bilateral wrist, lesion of the ulnar nerve bilaterally, tendonitis/bursitis of the bilateral hands/wrists, medial epicondylitis of the bilateral elbows, lateral epicondylitis of the bilateral elbows, depression, insomnia, anxiety, tension headaches, and gastroesophageal reflux. It was documented that the injured worker would return to work with restrictions until 02/10/2014. The injured worker's treatment plan included a physical therapy program, a home exercise plan, and medications. A request was made for a qualified Functional Capacity Evaluation on 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure summary last updated 05/12/2010, Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation than what can be provided during a traditional physical evaluation is needed to determine the injured worker's functional capabilities to perform work related duties. The clinical documentation submitted for review does indicate that the injured worker has gone from unrestricted work duties to restricted work duties. However, the outcome of those restrictions was not provided. Additionally, there is no documentation that the injured worker has undergone any type of activity modification in the work environment to include an ergonomic assessment. There is no documentation that the injured worker has a physical demand level of job functions that cannot be obtained after functional recovery. There is no documentation that the injured worker has exhausted all conservative treatments. Therefore, the need for Functional Capacity Evaluation would not be supported. As such, the requested qualified Functional Capacity Evaluation is not medically necessary or appropriate.