MAXIMUS Federal Services

Case Number:	CM14-0036199		
Date Assigned:	04/09/2014	Date of Injury:	02/26/2013
Decision Date:	09/17/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 male who reported an injury on 02/26/2013. The injury reportedly occurred when he was using a pallet deck and it pulled to the side and the arm twisted to the side and then he felt pain in the right elbow. His diagnoses included elbow sprain/strain right, right epicondylitis medial. His past treatments included medication and physical therapy. There were no pertinent diagnostic studies provided. There was no pertinent surgical history provided. On 12/16/2013, the injured worker was seen for pain and weakness to his right sided elbow. He had difficulty with daily activities, lifting, pushing, pulling, overhead and over the shoulder activities, gripping and grasping. Past treatments included 6 acupuncture sessions and 12 physical therapy sessions. The injured worker stated that they helped some, but his pain has recurred and he is now taking his old medications again. On examination there was tenderness over the medial and lateral epicondyles of the right elbow with decreased range of motion and decreased grip strength. A medication list included Lidocaine patches. The request is for a Functional Capacity Evaluation. The rationale is to attempt to reduce the work modification that had been provided and to assess his ability to work to provide him with permanent work restrictions, so he can work without further aggravation of his industrial injuries. The functional capacity evaluation is to also declare the injured worker permanent and stationary. The Request for Authorization was not provided within the documentation submitted for review.

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 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand, Functional Capacity Evaluation.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The injured worker has a history of right elbow pain. The injured worker reportedly was working with modifications, although there was no documentation that he was not tolerating the work status. The California MTUS/ACOEM Guidelines state the Functional Capacity Evaluations may establish physical abilities, may also facilitate the examinee and employer relationship for a return to work and there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The Official Disability Guidelines state does not proceed with the Functional Capacity Evaluation if the worker has returned to work and ergonomic assessment has not been arranged. The injured worker has returned to work on modified work duty. There is lack of documentation of conflicting medical reports or precautions for modified job. There is lack of documentation of injuries for the workers abilities that need detailed explanation. As such, the request is not medically necessary.