

<b>Case Number:</b>	CM14-0052018		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 injured worker is a 68-year-old female who reported an injury on 08/08/2012. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder strain, right elbow lateral epicondylitis, right wrist chronic overuse syndrome, rule out carpal tunnel syndrome, depression/anxiety, and sleep disturbance. The latest physician progress report submitted for this review is documented on 07/31/2013. The injured worker reported persistent pain in the right upper extremity. Physical examination revealed tenderness to palpation, restricted range of motion, positive impingement testing, positive Cozen's testing, and no changes in neurocirculatory examination. It is noted that the injured worker reported a decrease in pain and tenderness with physical therapy. Treatment recommendations included authorization for a right elbow injection, an elbow strap, continuation of the current medication regimen, and physical therapy for the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines for functional capacity evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Evaluation when reassessing function and functional recovery. There were no recent physician progress reports submitted for this review. The medical necessity for a Functional Capacity Evaluation has not been established. The injured worker continues to report persistent pain in the right upper extremity. The injured worker is also pending authorization for additional physical therapy and an elbow injection. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. Based on the clinical information received, the request is not medically necessary.

**One therapeutic exercise.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The medical necessity for 1 therapeutic exercise has not been established. There is no specific body part listed in the current request. As such, the request is not medically necessary.

**One cardiovascular stress test.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of any cardiovascular complaints, nor an indication of cardiovascular disease. The medical necessity for the requested testing has not been established. As such, the request is not medically necessary.

**Ophthalmological service for medical an examination and evaluation, with initiation of diagnostic and treatment program.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

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

**Decision rationale:** The California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There were no ophthalmic complaints reported. There is no indication of an acute abnormality that would warrant the need for the requested consultation. As the medical necessity has not been established, the request is not medically necessary.