

Case Number:	CM14-0052661		
Date Assigned:	07/07/2014	Date of Injury:	07/02/2012
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, and hand pain reportedly associated with an industrial injury of July 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a utilization report dated April 1, 2014, the claims administrator denied a request for functional capacity evaluation and denied a request for an orthopedic evaluation. Non-MTUS Chapter 7 ACOEM Guidelines were employed to deny both the evaluation and the functional capacity evaluation. The applicant's attorney subsequently appealed. In a June 17, 2013 medical-legal evaluation, it was suggested that the applicant was status post open reduction and internal fixation of an earlier left distal radial fracture. It was further noted that the applicant had not returned to work since the date of the injury and was currently receiving workers' compensation indemnity benefits. In July 28, 2014 progress note, the applicant was asked to remain off of work, on total temporary disability, owing to ongoing complaints of shoulder, hand, wrist, and elbow pain. On June 27, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was placed off of work. An orthopedic referral was sought. Multifocal hand, elbow, wrist, and shoulder pain were reported. The applicant was placed off of work on multiple occasions throughout 2013 and 2014, it was further noted. In a handwritten note dated January 27, 2014, the attending provider seemingly sought authorization for a general orthopedic consultation as well as a functional capacity evaluation while the applicant again asked to remain off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pg. 137-138 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity evaluations when necessary to translate medical impairment in limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. The applicant does not have a job to return to, it is further suggested. It does not appear the applicant is intent on returning to the workplace and/or workforce. It is unclear what role functional capacity testing would serve in this context. Therefore, the request is not medically necessary.

1 Orthopedic evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254, 270.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should leave the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. Earlier conservative treatments have been tried, exhausted, and failed, it appears. Obtaining the added expertise of an orthopedist is therefore indicated. Accordingly, the request is medically necessary.