

Case Number:	CM14-0067098		
Date Assigned:	07/11/2014	Date of Injury:	07/13/2012
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 29-year-old female who was reportedly injured on 7/13/2012. The mechanism of injury was noted as a left elbow injury due to lifting a 20 lb box. The injured workers' last date worked was March 2013. The most recent progress note dated 4/15/2014, indicated that there were ongoing complaints of left elbow pain. Physical examination of the elbow demonstrated no redness, warmth, swelling or change in skin color, elbow tenderness, negative tennis elbow test. Range of motion was restricted. Diagnoses: Left elbow ulnar entrapment, internal derangement, epicondylitis and sprain. A electromyogram/nerve conduction velocity of the upper extremities, dated 2/5/2014, was normal. Previous treatment included ulnar nerve release surgery in the left elbow, cortisone injections, physical therapy, acupuncture, chiropractic treatment and currently taking Xanax. A request was made for functional capacity evaluation and was not certified in the utilization review on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

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) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: The CA MTUS ACOEM guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions or if the patient's injuries are such that require a detailed exploration of the worker's abilities. The injured worker has chronic left elbow pain status post ulnar nerve transposition with a normal electromyogram/nerve conduction velocity study in February 2014 and is not currently taking any analgesics or anti-inflammatories. She fails to meet the guideline criteria for FCE and this request is not medically necessary.