

Case Number:	CM14-0068409		
Date Assigned:	07/14/2014	Date of Injury:	05/15/2011
Decision Date:	10/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 records presented for review indicate that this 44 year-old female was reportedly injured on 5/15/2011. The mechanism of injury is noted as cumulative trauma working as a restaurant server. The claimant underwent a right lateral epicondyle release on 2/12/2014. The most recent progress notes dated 5/15/2014 and 6/26/2014 indicate that there are ongoing complaints of right elbow pain. The physical examination demonstrated full ROM (flexion, extension); 5/5 with no pain elbow/wrist flexion and extension; significant pain with ML stress. No recent diagnostic imaging studies available for review. Diagnosis: lateral epicondylitis of elbow, radial collateral ligament sprain/strain, displacement thoracic/lumbar disk and carpal tunnel syndrome. Previous treatment includes right elbow surgery, cortisone injections, physical therapy and medications. A request had been made for range of motion and muscle testing and was not certified in the pre-authorization process on 4/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: A request was made for range of motion and muscle testing which is normally part of a functional capacity evaluation; however a FCE was not requested. MTUS/ACOEM practice 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 workers abilities. She fails to meet the guideline criteria for a FCE, therefore; this request is not considered medically necessary.