

Case Number:	CM14-0166203		
Date Assigned:	10/13/2014	Date of Injury:	11/19/2012
Decision Date:	02/09/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery 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:

44 year old female claimant with an industrial injury dated 11/19/12. Conservative treatments include physical therapy, medication, splinting, and acupuncture. EMG and NCV dated 03/07/13 reveal left median neuropathy on the left wrist with left mild severity carpal tunnel syndrome affecting the median component, mild severity left ulnar neuropathy on the left elbow, and no evidence of mononeuropathy involving the left radial nerve. EMG and NCV dated 05/30/14 reveals mild entrapment ulnar nerve left cubital tunnel. Exam note 09/18/14 states the patient returns with left elbow pain. The patient rates the pain a 9/10 and experiences numbness and tingling. The patient explains that the pain is also located on the medial aspect of the elbow with popping. The patient demonstrates numbness and tingling in the left median digits as well. Upon physical exam the patient demonstrated mild distress and frustration. It is noted that the medications are aiding with the patient's gastritis. Diagnosis is noted as left elbow pain sprain and strain, cuts, ulnar neuropathy, left wrist pain, and carpal tunnel syndrome. Treatment includes a continuation of the medication, Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (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, Independent Medical Examinations and Consultations (pp 132-139)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity evaluation.

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, "Recommended prior to admission to a Work Hardening (WH) Program. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." In this case it is unclear from the exam note of 9/18/14 if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Therefore, the request is not medically necessary.