

Case Number:	CM14-0093224		
Date Assigned:	07/25/2014	Date of Injury:	07/18/2011
Decision Date:	03/26/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained a cumulative work related injury to his right elbow while employed as a carpenter on July 18, 2011. The injured worker was diagnosed with medial and lateral epicondylitis and C5-6 discopathy with severe stenosis and cervical radiculopathy. A Magnetic resonance imaging (MRI) performed on October 21, 2013 demonstrated an intermediated grade intrasubstance tear of the common extensor tendon at the lateral epicondyle. An Electromyography (EMG)/ Nerve Conduction Velocity (NCV) noted carpal tunnel syndrome. There were no surgical interventions performed. According to the treating physician's progress report on April 3, 2014, the patient continues to experience moderate neck pain radiating to the bilateral upper extremities. Medications were listed as Tramadol, Ketoprofen, and Omeprazole. Treatment modalities to date consist of physical therapy, acupuncture therapy, hand therapy, medications and steroid injections. The injured worker is on temporary total disability (TTD) and working with restrictions. The treating physician requested authorization for Functional Capacity Evaluation. On May 30, 2014 the Utilization Review denied certification for Functional Capacity Evaluation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines- Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The patient presents with intermittent neck pain radiating to the bilateral upper extremities, as per progress report dated 04/04/14. The request is for FUNCTIONAL CAPACITY EVALUATION. There is no RFA for this case, and the patient's date of injury is 07/18/11. The patient is also experiencing limited range of motion and muscle spasms, as per progress report dated 04/04/14. Diagnoses, as per the same report, included cervical spine strain with degenerative disc disease, thoracic spine strain, bilateral shoulder subacromial impingement syndrome and AC joint arthritis, bilateral medial epicondylitis, and bilateral ulnar motor neuropathy at the elbow. Medications include Omeprazole, Tramadol and Ketoprofen. The patient has also been diagnosed with depression, as per progress report dated 10/18/13. The patient has been allowed to work with some restrictions, as per progress report dated 04/04/14. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has undergone conservative treatment in form of medications and physical therapy but continues to have pain in the lumbar spine. The progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by the ACOEM. Additionally, the patient is back to modified work without any issues, as per progress report dated 04/04/14. Hence, the request IS NOT medically necessary.