

<b>Case Number:</b>	CM15-0131586		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/01/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Pain Management

### 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 46 year old male who sustained an industrial injury on 02/01/2011. Mechanism of injury was not documented. Diagnoses include right lateral epicondylitis, RST, and triceps tendonitis. Treatment to date has included diagnostic studies, status post ulnar nerve decompression on 11/09/2012, right radial tunnel release and lateral epicondyle debridement on 06/11/2014, physical therapy, and home exercises. On 03/05/2015 and unofficial Electromyography report documents mild right ulnar neuropathy likely at the elbow. There was no evidence of cervical radiculopathy. On 02/25/2014, a Magnetic Resonance Imaging of the right elbow showed the ulna nerve has been transferred anteriorly. There is mild increased signal in the ulnar nerve at the anterior inferior margin of the medial epicondyle suggesting mild localized neuritis. There is no evidence of extensor tendinosis. A Magnetic Resonance Imaging of the right wrist done on 02/25/2014 was normal. The most recent physician progress note dated 01/22/2015 documents the injured worker reports continued gradual improvement at the area of the incision but significant worsening in his lateral triceps tendonitis. He has full active and passive range of motion of the elbow. He has normal tenderness over the incision site and significant tenderness over the lateral edge of the triceps tendon. Treatment requested is for limited functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Limited functional capacity evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations page 137-138 Official Disability Guidelines (ODG), Fitness for duty chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG cites that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional / secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at MMI with case management being hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.