MAXIMUS Federal Services

Case Number:	CM15-0139921		
Date Assigned:	07/29/2015	Date of Injury:	02/11/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old male, who sustained an industrial injury on 2-11-2014. Diagnoses include right biceps tendon tear. Treatment to date has included surgical intervention (reinsert right bi-triceps tendon without graft dated 2-24-2014 and revision on 3-26-2014), as well as conservative measures including medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker presented for follow-up of his right arm and bicep injury. He feels about the same. He really has no pain but the problem is that he is a roofer and uses his right hand to drive nails. He is not able to do that at present, at least not very well. Physical examination of the right elbow revealed an obvious deformity of the right medial distal biceps and volar with well healed scars. There was mild tenderness located over the distal right biceps. There was mildly limited flexion and moderately limited pronation and supination. The plan of care included referrals to orthopedics and physical therapy. Authorization was requested for functional capacity examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity examination: 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 Official Disability Guidelines (ODG) Fitness for Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 2-11-2014. The medical records provided indicate the diagnosis of right biceps tendon tear. Treatments have included surgical intervention (reinsert right bi-triceps tendon without graft dated 2-24-2014 and revision on 3-26-2014), as well as conservative measures including medications and physical therapy. The medical records provided for review do not indicate a medical necessity for Functional capacity examination. The MTUS is not detailed on this topic, but the Official Disability Guidelines is. The Official Disability Guidelines' criteria Functional Capacity Evaluation include: 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, close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. The medical records indicate the injured worker was referred to an orthopedist for consultation regarding future care. This referral does not follow the Official Disability Guidelines criteria regarding Functional Capacity Evaluation. The fact that the injured worker was referred to an orthopedist means there is still room for a new modality of treatment which could alter the course of the injury, meaning he was not yet at maximal medical improvement. There were no previous records of problems with return to work. Therefore the request is not medically necessary.