

Case Number:	CM15-0141374		
Date Assigned:	07/31/2015	Date of Injury:	01/12/2013
Decision Date:	08/27/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 58-year-old female who sustained an industrial injury on 01-12-2013. Diagnoses include right medial and lateral epicondylitis. Treatment to date has included medications, activity modification, physical therapy, right elbow surgery and home exercise. Electrodiagnostic testing of the upper extremities on 5-15-2015 was positive for bilateral cubital tunnel syndrome. According to the progress notes dated 5-4-2015, the IW reported right elbow pain. On examination, there was tenderness over the right elbow. Range of motion of the right elbow was: flexion 140 degrees and extension 0 degrees. A request was made for a functional capacity evaluation regarding the right elbow due to the IW's impending return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity evaluation regarding the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity evaluation regarding the right elbow is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job or if the patient is near MMI. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues or prior return to work attempts or that the patient is near MMI. It is unclear why the patient needs an FCE and how this will change the treatment plan for this patient. The request for a functional capacity evaluation is not medically necessary.