

Case Number:	CM15-0163160		
Date Assigned:	08/31/2015	Date of Injury:	09/30/2014
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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, Hawaii

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 36 year old male, who sustained an industrial injury on 9-30-14. He reported pain in his right upper extremity. The injured worker was diagnosed as having right lateral epicondylitis, right trapezius strain and contusion of the right elbow and wrist. Treatment to date has included a right elbow MRI on 1-27-15, an EMG-NCS of the right upper extremity on 2-4-15 with normal results and a cortisone injection on 3-30-15. On 4-13-15, the injured worker reported no pain relief from the cortisone injection. The treating physician noted poor grip strength and decreased right shoulder range of motion. As of the PR2 dated 5-18-15, the injured worker reports pain in his right upper extremity is worse. He attempted to return to work, but was unable to do so. Objective findings include well-preserved right shoulder and arm range of motion, pain with stressing of the right elbow and no erythema or ecchymosis. The treating physician requested a functional capacity evaluation for the right elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for Right Elbow/Right Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Pg. 137-138.

Decision rationale: The patient presents with pain in the right upper extremity, specifically with any stressing of any portion of the elbow. The current request is for a Functional Capacity Evaluation for the right elbow/right wrist. The treating physician states on 5/18/15 (9B) "It is felt that a functional capacity evaluation will give us a much better assessment, whether we have symptom magnification or malingering, or if we have other underlying problems that we need to address." The physician continues "In regard to maximum medical improvement, until we have a functional capacity evaluation done and the patient has completed his course of physical therapy, we will hold off on a maximum medical improvement rating." The 4/13/15 (23B) treating report notes the patient has been unable to return to work as no modified work is afforded him. Work modifications listed include no overhead reaching work with the right upper extremity; no repetitive bending, pushing or pulling greater than 15 pounds on a regular or consistent basis. MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." In this case, the patient has not had any unsuccessful return to work attempts, as modified work has not been provided. The treating physician has provided work restrictions but has not stated whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. Additionally, there is no documentation found indicating that the employer or claims administrator was challenging the physicians' lack of work restrictions and they did not request an FCE. Therefore, the current request is not medically necessary.