

Case Number:	CM15-0182689		
Date Assigned:	09/23/2015	Date of Injury:	07/01/2008
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male patient who sustained an industrial injury on 7-1-08. The diagnoses include right lateral epicondylitis, right radial tunnel syndrome and right wrist pain. Per the letter dated 9/10/2015, patient's subjective findings were consistent with objective findings. Per the doctor's note dated 8-27-15, he had complains of significant but incomplete relief of symptoms. The physical examination revealed tenderness over the lateral epicondyle with pain with restricted wrist extension. The medications list includes nabumetone. He has had physical therapy and right lateral epicondyle injection with benefit for this injury. In the progress note dated 8-27-15 the treating provider's plan of care includes a request for limited functional capacity evaluation to determine permanent work restrictions. The request for authorization dated 9-1-15 was for functional capacity evaluation. On 9-8-15 Utilization Review evaluated and non-certified the request for functional capacity evaluation based on MTUS guidelines.

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 Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter: 7 Independent Medical Examinations and Consultations, Referral Issues and the Independent Medical Examination (IME) ProcessPage-137-138.

Decision rationale: Functional capacity evaluation. Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above "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. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: 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; 2. Timing is appropriate: Close or at MMI/all key medical reports secured; Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Failure to prior conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Functional capacity evaluation is not fully established for this patient at this juncture.