MAXIMUS Federal Services

Case Number:	CM15-0190823		
Date Assigned:	10/02/2015	Date of Injury:	08/02/2014
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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 51 year old male who sustained an industrial injury on August 02, 2014. A primary treating office visit dated April 06, 2015 reported subjective findings of: "intermittent moderate burning pain to right elbow right wrist and hand." Diagnostic impression noted: medial epicondylitis of right elbow, lateral epicondylitis of right elbow and right carpal sprain and strain. He stated having had previous cortisone injection to the right elbow "with no benefit," and is not interested in further injections. Previous treatment to involve: activity modification, physical therapy, use of DEM bracing, injection times one. Primary treating office visit dated July 20, 2015 reported "unchanged" subjective complaint. The plan of care is with requested recommendation for a functional improvement measure through a functional capacity evaluation. Documentation provided showed evidence of the worker undergoing measured range of motion evaluation by goniometer and or digital system which is part of the objective measurement of the patient's functional improvement. Again at primary follow up August 20, 2015 the plan of care is with requested recommendation for a quantified functional capacity evaluation. On August 26, 2015 a request was made for the QFCE that was noncertified by Utilization Review on September 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Functional Capacity Evaluation (QFCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://odg-twc.com/odgtwc/Fitness_For_Duty.htm#Functionalcapacityevaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Functional Capacity Evaluations page 137.

Decision rationale: Records indicate the patient has chronic right elbow, wrist and hand pain. The current request for consideration is a quantitative functional capacity evaluation (QFCE). The attending physician report dated 7/20/15 indicates that a QFCE is necessary for the purpose of monitoring functional improvement. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial, and the FCE is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. A physical examination is the measurement used to monitor functional improvement and impairment rating. The available medical records do not establish medical necessity for the request of a FCE.