

Case Number:	CM15-0201603		
Date Assigned:	10/16/2015	Date of Injury:	06/21/2014
Decision Date:	12/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is a 34 year old male who sustained a work-related injury on 6-21-14. Medical record documentation on 8-26-15 revealed the injured worker was being treated for left elbow strain, left elbow contusion and left elbow olecranon bursitis. He complained of activity-dependent left elbow pain. Objective findings included swelling of the left elbow. The left elbow was tenderness to palpation over the olecranon and over the medial epicondyle. Left elbow range of motion was 5 degrees to 130 degrees, pronation and supination were 75 degrees. On 8-18-15 the injured had pain and tenderness of the left elbow and left knee. His left elbow range of motion was flexion to 120 degrees, extension to 0 degrees, pronation to 60 degrees and supination to 70 degrees. His left knee range of motion was 95 degrees to flexion and 0 degrees with extension. A request for follow-up visits as needed, functional capacity evaluation and range of motion testing was received on 9-1-15. On 9-9-15, the Utilization Review physician modified follow-up visits as needed to one (1) office visit and determined functional capacity evaluation and range of motion testing was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (functional capacity evaluation): 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, functional capacity evaluation (FCE) chapter - Guidelines for performing an FCE.

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

Decision rationale: The patient presents with pain affecting the left elbow and left knee. The current request is for FCE (functional capacity evaluation). The treating physician report dated 8/25/15 (27B) states, "The patient has improved as expected. The patient's symptoms are minimal. The work status is revised to regular duty. F/U in 4-5 days." 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 an FCE is crucial. It 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. Furthermore, there is no documentation that the patient desires to go back to work and is restricted by an employer. Additionally, the physician has stated that the patient is revised to regular duty with no restrictions. The current request is not medically necessary.

Follow up visits as needed: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The patient presents with pain affecting the left elbow and left knee. The current request is for Follow up visits as needed. The treating physician report dated 8/25/15 (27B) states, "The patient could be discharged on next visit if he continues to improve" The MTUS page 8 has the following, "The physician should periodically review the course of treatment of the patient and any information about the etiology of the pain or the patient's state of health." Evaluation of patient, review of reports, and providing a narrative report is part of a normal reporting and monitoring duties to manage patient's care. Furthermore, the patient's symptoms are improving and the treating physician is requesting follow up visits on an as needed basis. The current request is medically necessary.

Range of motion testing: 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), Low Back Chapter - Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Low Back, Flexibility.

Decision rationale: The patient presents with pain affecting the left elbow and left knee. The current request is for Range of motion testing. The MTUS Guidelines do not address ROM testing. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. In this case, there is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. The current request is not medically necessary.