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| Case Number: | CM15-0028990 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 05/13/2013 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 58 year old male, who sustained an industrial injury on 5/13/13. He has reported right upper extremity injury after using scissors to cut grass. The diagnoses have included carpal tunnel syndrome, tendinitis/bursitis right hand/wrist, right shoulder bursitis/tendinitis, lateral and medial epicondylitis right elbow, sleep disorder and tension headaches. Treatment to date has included medications, conservative measures, and physical therapy and chiropractic sessions. Currently, the injured worker complains of right wrist/hand, right shoulder and right elbow pain. The right wrist and hand had severe and aching and was aggravated by gripping and grasping with pain in the middle finger of right hand. The right shoulder pain was described as dull pain aggravated by using arms. The right elbow pain was severe, aching, sharp pain made worse by gripping and grasping. Physical exam revealed trigger point to right rotator cuff muscles and right upper shoulder muscles, speeds test was positive on the right and supraspinatus test was positive on the right. The elbows revealed 1+ spasm and tenderness to right medial and lateral epicondyles, Cozen's test was positive on the right, and reverse Cozen's test was positive on the right. The wrist and hands revealed trigger finger of the right middle finger, +1 spasm and tenderness to right anterior wrist. The injured worker saw an orthopedic physician who recommended surgery. He had completed 10 sessions of work hardening since the last request for therapy. There was no documented therapy sessions or recent diagnostics noted. Work status was with restrictions until 3/26/15. On 2/10/15 Utilization Review non-certified a request for Qualified functional capacity evaluation and The Official Disability Guidelines, Functional Capacity Evaluation was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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, Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd, Independent Medical Evaluations ODG Fitness for Duty, Functional Capacity Evaluations

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and , circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.