

Case Number:	CM15-0050342		
Date Assigned:	03/23/2015	Date of Injury:	09/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: Emergency 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 39 year old female, who sustained an industrial injury on 9/3/2013. The details of the initial injury and prior treatment to date were not included in the medical records submitted for review. Diagnoses include carpal tunnel syndrome, left medial epicondylitis with symptoms of cervical radiculopathy on the left side. Currently, they complained of continued neck and left elbow pain. On 1/22/15, the provider documented tenderness on the left cervical spine with positive Spurling's test on the left. The left elbow revealed tenderness with positive Tinel's test and flexion test. The left hand revealed positive Phalen's and reverse Phalen's tests. The plan of care included surgical intention including carpal tunnel release and cervical intervention, which were declined by the injured worker. The provider requested a functional capacity evaluation be completed.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. There is no documentation of a specific job that patient is undertaking that requires an FCE that cannot be determined by the provider. The request for FCE is not medically necessary.