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| <b>Case Number:</b>   | CM15-0083280 |                              |            |
| <b>Date Assigned:</b> | 05/05/2015   | <b>Date of Injury:</b>       | 10/27/2014 |
| <b>Decision Date:</b> | 06/05/2015   | <b>UR Denial Date:</b>       | 04/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/30/2015 |

### 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 50-year-old female, who sustained an industrial injury on October 27, 2014. The injured worker reported shoulder, arms, wrists and hands due to daily work duties. The injured worker was diagnosed as having right elbow sprain/strain and rule out right elbow internal derangement. Treatment and diagnostic studies to date have included medication, physical therapy and injections. A progress note dated February 13, 2015 provides the injured worker complains of intermittent right elbow, fore arm and wrist pain rated 8/10 and improving. She also complains of anxiety and waking during the night due to pain. Physical exam notes right elbow tenderness on palpation with normal range of motion (ROM). The plan includes magnetic resonance imaging (MRI) and functional capacity. Physical therapy was trialed without improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right elbow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 34.

**Decision rationale:** MTUS Guidelines support the use of special studies when there has been no progress for at least 4 weeks including a failure to progress with a trial of rehabilitation. Special studies are also recommended if there is the possibility of surgical intervention. This individual meets these criteria. The diagnosis is not completely clear, but an MRI study should be helpful in determining if there is an epidcondylar tear or other pathology that may respond to more aggressive medical intervention. Under these circumstances, the request for the right elbow MRI is supported by Guidelines and is medically necessary.

**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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138ODG - 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 there is a specific job task(s) offered and available. Under these 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.