

Case Number:	CM14-0111891		
Date Assigned:	09/16/2014	Date of Injury:	10/30/1995
Decision Date:	10/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported an injury on 10/30/1995. The mechanism of injury was not stated. Current diagnoses include right lateral epicondylitis, status post anterior cervical discectomy and fusion, double crush syndrome, status post right cubital tunnel release, and bilateral carpal tunnel syndrome. The injured worker has been previously treated with physical therapy and a right elbow injection. The current medication regimen was not listed. The injured worker was evaluated on 06/04/2014 with complaints of persistent symptomatology in the cervical spine and right elbow. The physical examination revealed palpable paravertebral muscle tenderness, a well healed anterior cervical scar, limited cervical range of motion, tenderness over the elbow about the medial and lateral epicondyle, positive Cozen's sign, and diminished strength in the right upper extremity. It is noted that the injured worker is currently working full duties. Future medical treatment was documented to include physical therapy and an evaluation by a qualified specialist. A Request for Authorization form was then submitted on 06/17/2014 for a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation may be indicated when case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, the injured worker is currently working under full duties without restriction. There is no documentation of an unsuccessful return to work attempt. The medical necessity for the requested procedure has not been established. Therefore, the current request is not medically appropriate at this time.