

Case Number:	CM14-0118389		
Date Assigned:	08/06/2014	Date of Injury:	12/01/2012
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 has a subspecialty in Interventional Spine 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 patient is a 38-year-old male with date of injury of 02/01/2012. The listed diagnoses per [REDACTED] from 05/29/2014 are: 1. bilateral elbow tendinitis. 2. Status post right carpal tunnel release from 08/05/2013 with residuals. 3. Left carpal tunnel syndrome. According to this report, the patient complaints of pain in the right elbow. He also complains of pain and numbness in the right wrist. The patient rates his pain 2/10 per the VAS scale. He is asymptomatic regarding his left elbow and left wrist since his last visit. The examination of the bilateral elbows shows a grade 3 tenderness to palpation which has remained the same since his last visit. There is a grade 2 to 3 tenderness to palpation over the left wrist, which has decreased from grade 3 on the last visit. Phalen's test is positive bilaterally. The treater notes that the patient is approaching maximum medical improvement from a conservative perspective. The utilization review denied the request on 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Physical Therapy Performance Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 132-139.
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 chapter:7(p137,139)

Decision rationale: This patient presents with right elbow and right wrist pain. The treating physician is requesting a final physical therapy performance functional capacity evaluation. The ACOEM Guidelines page 137 to 139 on functional capacity evaluations states that functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship before return to work. In addition, ACOEM states, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of correct work capability and restrictions." The treater's 05/29/2014 report notes, "A final physical performance FCE is requested to ensure this patient can safely meet the physical demands of his occupation." There is no evidence that FCE's adequately determine the patients' capacity or ability to work. Routine FCE's are not recommended, unless asked by claims admin or employer, or considered to be crucial. Given the above the request is not medically necessary.