

<b>Case Number:</b>	CM14-0130951		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 41-year-old female supervisor who sustained a work-related injury on 2/7/12 to her bilateral knees and feet due to continuous walking. She was diagnosed with right elbow lateral epicondylitis, right elbow tardy ulnar palsy, right elbow contusion, right carpal tunnel syndrome, and bilateral knees sprain and strain. On 6/12/14, the patient had complaints of bilateral knee and ankle pain. The patient has had physical therapy. She had gastritis with medications. Examination of the bilateral knees revealed positive McMurray's test and tenderness on posterior ligament. Examination of bilateral ankles revealed tenderness on the posterior Achilles and dorsum and is diagnosed with bilateral knee internal derangement and bilateral ankle internal derangement. From the most recent report dated 7/16/14, the patient presented with complaints of right elbow and right wrist pain after hitting elbow on pole. Examination of the right elbow revealed positive tenderness in the medial and lateral epicondyle. There is positive Tinel's sign and Phalen's sign in the right wrist. Diagnostic studies include nerve conduction study and MRI. She has had physical therapy and acupuncture. No surgical history. Diagnosis included right cubital tunnel, right carpal tunnel syndrome and mood disorder. The request UR for 1 Functional Capacity Evaluation was denied due to lack of necessity on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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 Guidelines (ODG), Fitness for Duty.

**Decision rationale:** As per ODG guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. The guidelines criteria for admission to Work Hardening Program include previous PT. There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches. Furthermore, per guidelines, functional capacity evaluation is considered if: 1) Case management is hampered by complex issues such as: prior unsuccessful return to work attempts; conflicting medical reporting on precautions and /or fitness for modified job; injuries that require detailed exploration of a worker's abilities and 2) Timing is appropriate: close or at MMI/all key medical reports secured; additional /secondary conditions clarified. The guidelines further state that: do not proceed if the sole purpose is to determine a worker's effort or compromise and the worker has returned to work and as ergonomic assessment has not been arranged. In this case, the above questions have not been answered. Thus the request is not medically necessary.