

Case Number:	CM14-0161195		
Date Assigned:	10/06/2014	Date of Injury:	05/01/2014
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

This claimant is a 52-year-old female with a date of injury of 5/1/2014. Her diagnosis is right elbow lateral epicondylitis. Subjective complaints are of right lateral elbow pain rated at 8/10. Physical exam shows no swelling or bruising, but there is tenderness over the right lateral epicondyle extending into the proximal forearm. Range of motion is normal, but there is pain with resisted wrist extension. Treatment has included an elbow strap, Ibuprofen, Biofreeze, and a steroid injection.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation

Decision rationale: The California MTUS recommends considering a functional capacity evaluation (FCE) to translate medical impairment into functional limitations and determine work capability. The importance of an assessment is to have a measure that can be used repeatedly

over the course of treatment to demonstrate improvement of function. ODG likewise recommends functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work process (RTW). The ODG recommends considering an FCE if case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; or patient is close to or at maximum medical improvement (MMI). For this patient, there is no documentation that she is near MMI; there are no conflicting medical reports; and there are no specifics of failed attempts to return to work. Therefore, the medical necessity of a functional capacity evaluation is not established at this time.