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| Case Number: | CM15-0121779 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 04/01/2014 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: Texas, New York, 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 applicant is a represented 36-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of April 1, 2014. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for a Functional Capacity Evaluation (FCE). The claims administrator referenced a May 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated May 18, 2015, difficult to follow, not entirely legible. The applicant reported multifocal complaints of elbow and wrist pain. The applicant was placed off of work, on total temporary disability. Acupuncture was sought. The applicant was asked to pursue a Functional Capacity Evaluation and range of motion testing.

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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: No, the proposed Functional Capacity Evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work, on total temporary disability as of the date of the request. It did not appear that the applicant had a job to return to at this relatively late stage in the course of the claim, several months removed from the date of injury. It was not clearly stated or established why Functional Capacity Evaluation testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does establish a role for a Functional Capacity Evaluation as a precursor to enrollment in a work hardening program, here, however, there was no mention of the applicant's actively considering or contemplating enrollment in a work hardening program on or around the date of the request, May 18, 2015. Therefore, the request was not medically necessary.