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| Case Number: | CM15-0067508 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 04/18/2014 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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 52-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 23, 2014. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve a request for a functional capacity evaluation (FCE). An RFA form received on March 20, 2015 was referenced in the determination, along with progress notes of February 27, 2015 and January 26, 2015. Non-MTUS Chapter 7 ACOEM Guidelines were referenced. In a progress note dated March 7, 2015, the applicant was given a 25-pound lifting limitation. It was suggested that the applicant was working as a carpenter with said limitations in place. The applicant's medication list included Relafen, Biofreeze gel, Voltaren gel, and Norco. It was stated that the applicant had attempted to transfer to an alternate job, unsuccessfully. In an RFA form dated February 27, 2015, a Qualified Medical Evaluation (QME) and a functional capacity evaluation (FCE) were proposed.

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. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for a 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 a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, it was not clearly stated why a functional capacity testing had been proposed in the face of the applicant's already successful return to regular work as a carpenter. Little-to-no applicant-specific rationale accompanied the Request for Authorization for testing. It was not stated what was sought. It was not stated why FCE testing was proposed in the face of the applicant's already successful return to work as a carpenter. Therefore, the request was not medically necessary.