

<b>Case Number:</b>	CM13-0006289		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/03/2012
<b>Decision Date:</b>	01/07/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 claimant is a 45-year-old gentleman who was injured August 3, 2012 when a door hit his right hand. Initially he was diagnosed with a contusion and a nail bed injury. He is now noted to be status post a volar ganglion cyst excision from March 21, 2013. For review was a recent clinical report of September 20, 2013 where the claimant was seen by [REDACTED] for diagnosis of status post volar ganglion cyst excision with right thumb contusion. Subjectively it states he continued to be with moderate pain about the wrist with physical examination findings showing full range of motion, tenderness to palpation over the thenar eminence and well healed prior incision. Treatment plan at that time was for occupational therapy. It was noted that recurrence of cyst may be causing compression, still causing the claimant's pain complaints. It stated recent care also had included acupuncture as well as physical therapy. There was a request for a Functional Capacity Evaluation for further assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A function capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 511, as well as the Official Disability Guidelines (ODG), Fitness for Duty Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter.

**Decision rationale:** CA MTUS with respect to FCE states work conditioning, work hardening programs are recommended as an option, depending on the availability of quality programs. The criteria for admission to a Work Hardening Program include work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). ODG criteria for FCE state that it is indicated if prior unsuccessful return to work attempts have occurred or if there is documentation that the claimant is close to or at maximal medical improvement. At last assessment, the claimant was noted to be with continued complaints of pain for which the treating physician could not discount the potential of a recurrent ganglion cyst. It is unclear from last clinical records that the claimant is at maximal medical improvement from the work related injury in question. Based on continued subjective and objective findings and the lack of documentation of prior unsuccessful return to work attempts, a FCE cannot be considered appropriate at this time. The request for a FCE is not medically necessary and appropriate.