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| <b>Case Number:</b>   | CM13-0010842 |                              |            |
| <b>Date Assigned:</b> | 09/19/2013   | <b>Date of Injury:</b>       | 03/28/2011 |
| <b>Decision Date:</b> | 01/16/2014   | <b>UR Denial Date:</b>       | 07/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2013 |

### 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 Physical Medicine & 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 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 underlying date of injury in this case is 03/28/2011. The primary diagnosis is tenosynovitis of the upper extremity. The medical records report the treating diagnoses of shoulder bursa/tendon disorder, forearm sprain, wrist enthesopathy, and carpal tunnel syndrome. On 07/01/2013, the treating physician noted the patient had done well with bilateral carpal tunnel syndrome with no numbness or tingling although still had ongoing cervical symptoms. The treating physician recommended continued physical therapy including to the cervical spine as well as an agreed medical examiner evaluation. By 08/26/2013, the treating physician noted the patient had finished postoperative physical therapy with pending pain management for possible epidural injection and remained temporarily totally disabled. An initial physician reviewer indicated that the clinical situation did not meet the guidelines for a Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity Evaluation (FCE) for neck and left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Fitness for Duty, Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

**Decision rationale:** The MTUS guidelines, discussed criteria for a work hardening program noting that for admission to a work hardening program, a patient needs to have a "work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis." The medical records at this time do not provide this level of detail in terms of the specific job for the employee to return to or a rationale overall as to why this employee is felt to be a candidate for work hardening or otherwise why a Functional Capacity Evaluation has been recommended. The guidelines have not been met.