MAXIMUS Federal Services

Case Number:	CM13-0014128		
Date Assigned:	10/11/2013	Date of Injury:	05/27/2010
Decision Date:	02/04/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	08/29/2013

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 and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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.

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 patient is a 42-year-old who reported a work-related injury on 05/27/2010. The mechanism of injury was noted as a cumulative trauma. The patient's diagnoses include ulnar nerve injury, carpal tunnel syndrome, ulnar nerve lesion, chronic pain syndrome, and cervicobrachial syndrome. The patient is status post left open carpal tunnel release and right carpal tunnel release. The patient has undergone physical therapy, acupuncture treatments, and cortisone injections for her elbows and wrists. A request has been made 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:

One functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 137. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: Recent clinical documentation submitted for review stated the patient had completed 2 out of 6 sessions from her latest authorization of additional acupuncture sessions. It was noted she continued to work a full 40-hour week and stated her employer was not honoring her work restrictions. The patient reported that despite work restrictions and the use of Dragon

naturally speaking, she continued with significant pain and dysfunction. It was noted she struggled at time with work, despite modified duty. The patient also reported that the modifications were all in place, which was developed by human resources, but that all of the modifications were not adequate to minimize her pain and keep her working. She reported that return to work modifications actually increased her pain, and she was now having additional issues with her bilateral thumbs. California Medical Treatment Guidelines indicate that determining limitations is not really a medical issue, and clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. If specific job demands are known, then it will be possible to describe more precisely the fit between the patient's current capability and actual job requirements. Under some circumstances, ordering a Functional Capacity Evaluation of the patient may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Guidelines further state employers who provide accommodations based on essential job function matched to worker abilities can prevent impairment from causing disability. Recent clinical documentation stated the patient's place of employment had developed return to work modifications for the patient. Guidelines state that the physician should be available to discuss and explain the basis of limitations and the implications of not following them. There was a lack of documentation stating the physician discussed the patient's limitations with the patient's employer, in order for the employer to provide accommodations based on essential job functions matched to the worker's abilities. The request for one functional capacity evaluation is not medically necessary or appropriate.