

Case Number:	CM13-0026692		
Date Assigned:	11/22/2013	Date of Injury:	01/09/2012
Decision Date:	01/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Practice 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 patient is a 36-year-old female who reported an injury on 01/09/2011. The patient is currently diagnosed with right carpal tunnel syndrome, left carpal tunnel syndrome, bilateral shoulder impingement syndrome with possible internal derangement, complaints of abdominal pain, and complaints of stress and hair loss. The patient was recently seen by [REDACTED] on 11/11/2013. The patient complained of right hand numbness and coldness, right shoulder pain rating 9/10, and left shoulder pain rating 2/10. Physical examination of the shoulders revealed mild tenderness with positive impingement testing. Physical examination of the hands and wrists revealed tenderness along the dorsum and volar aspect of bilateral wrists, positive Phalen's testing, and positive median compression testing. It was noted that the patient underwent an EMG/NCV study of bilateral upper extremities, which indicated bilateral mild compression of the median nerve at the carpal tunnel. Treatment recommendations included continuation of current medications, continuation of psychiatrist treatment, continuation of electrotherapy, an MRI of the cervical spine, and a bilateral upper extremity EMG/NCV study.

IMR ISSUES, DECISIONS AND RATIONALES

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

A retrospective Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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, 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available for reassessing function and functional recovery, including Functional Capacity Exams and videotapes. The Official Disability Guidelines state a Functional Capacity Evaluation should be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. As per the clinical notes submitted, there was no indication that the patient was attempting to return to the workplace, nor indication that the patient was approaching maximum medical improvement. There was also no evidence of previous unsuccessful return to work attempts. Based on the clinical information received, the patient did not meet criteria for a Functional Capacity Evaluation. As such, the request for retrospective Functional Capacity Evaluation (FCE) is non-certified.