

Case Number:	CM13-0027066		
Date Assigned:	03/21/2014	Date of Injury:	03/12/2013
Decision Date:	05/02/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 44 year-old female who was injured on 03/12/2013. The patient has been noticing pain in both wrists and numbness in fingers, primarily thumb, index and long. She pushes and pulls at least 25 pounds all day long. She has had pain in her neck as well. Prior treatment history has included physical therapy, a brace, and Relafen 50 mg. The patient received a right carpal tunnel injection on 05/21/2013. Office note dated 05/21/2013 indicated the patient presents with complaints of loss of balance, limping due to pain in the right extremity, depression, wanting to be alone; anxiety, nervousness, impatience, dizziness, poor attention, sleeping problems; blurred vision, change in sexual functioning and bowel and bladder problems. The patient states that any movement aggravates her symptoms. The patient states that her shoulder and neck pain and feet burning is due to excessive walking and standing. Objective findings of the cervical spine revealed tenderness in the right posterior neck muscles. Her active range of motion is normal. There is no atrophy; no crepitus; no abnormal scapulothoracic motion. There is no gross tenderness at the AC joint. The elbows had no atrophy, tenderness or crepitus. The hands and wrists had good skin turgor. There is no atrophy; Tinel's is positive to the right thumb. The range of motion of the wrists is normal. Grip strength is 18/16/14 on the left and 16/16/16 on the right. Girth measurements revealed biceps are 31 bilaterally and forearms are 29 bilaterally. The patient is diagnosed with bilateral carpal tunnel syndrome.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluation (FCE), pages 137-138. Official Disability Guidelines (ODG) - TWC, Fitness For Duty Guidelines for performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter.

Decision rationale: The patient is a 44 year-old female with a diagnosis of Bilateral CTS. The request is for a Functional capacity Evaluation (FCE). The patient has had significant PT and 3cortisone injections of her wrists and her symptoms have not changed. The records indicate patient had EMG of both wrists revealing bilateral CTS. However the request for an FCE is not appropriate as there is further treatment including CTS release as a potential. The request for a past history including other risk factors such as obesity, diabetes, and hypertension preclude any rationale for an FCE. The FCE does not meet CA MTUS/ODG for an FCE. We will require the EMG Report if there is any request for CTS surgery. The Functional capacity Evaluation (FCE) is not certified.