MAXIMUS Federal Services

Case Number:	CM13-0028167		
Date Assigned:	06/13/2014	Date of Injury:	04/02/2000
Decision Date:	08/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 injured worker is a 57 year old female whose date of injury is 08/11/10. The mechanism of injury is described as cumulative trauma/repetitive typing. The injured worker is noted to have a remote history of left carpal tunnel release. She presents with neck pain as well as right shoulder, right elbow and bilateral wrist pain with numbness. Electromyography/nerve conduction study dated 07/08/13 reported no indicators of carpal tunnel syndrome or ulnar neuropathy in the bilateral upper extremities, and no indicators of acute cervical radiculopathy. A request for fibrocartilaginous embolism (FCE) related to the trunk and upper extremities was reviewed on 08/28/13, and FCE for the upper extremities was authorized, but the trunk was not authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) Related to The Trunk: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 511 and on the Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. It is not possible to perform a functional capacity evaluation without a comprehensive assessment of the patient's overall physical ability to perform both general and job-specific tasks. This can only be accomplished by evaluating the patient's capabilities as a whole without limitation to specific body parts that are accepted as compensable. As such, the request for FCE related to the trunk is recommended as medically necessary.