

Case Number:	CM13-0038473		
Date Assigned:	12/18/2013	Date of Injury:	03/09/2009
Decision Date:	02/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal 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 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 employee is a 51-year-old female who reported a work-related injury on 3/9/09. The employee presents for treatment of the following diagnoses: brachial neuritis or radiculitis not otherwise specified; sprains and strains of the neck; rotator cuff disorders; and carpal tunnel syndrome. The clinical notes document the employee reached maximum medical improvement and permanent and stationary status as of 6/17/13. A clinical note from that date indicated the employee is status post bilateral carpal tunnel releases with recurrent carpal tunnel syndrome and "redo" bilateral carpal tunnel releases. The provider documented the employee has also undergone a left ulnar decompression and medial epicondylectomy. The provider documents that upon physical exam of the employee, cervical spine range of motion was 10 degrees forward flexion, 35 degrees extension, and 25 degrees bilateral lateral flexion. Reflexes were 2+ throughout the bilateral upper and lower extremities. The employee's range of motion values of the bilateral wrists were within normal limits. Sensory exam was intact to light touch to the left hand and mildly reduced in the right.

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: Decision based on MTUS ACOEM Page(s): 137-138.

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.

Decision rationale: Further evaluation of the employee with a functional capacity evaluation (FCE) is not supported by the guidelines. An FCE reflects an individual's abilities on a single day at a particular time under controlled circumstances. Per the guidelines, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The clinical documentation submitted for review establishes that the employee has made a successful return to modified work duties. A clinical note dated 6/17/13 documents minimal objective findings of symptomatology. The provider documented the employee was permanent and stationary and had reached maximum medical improvement. Given the above, the requested functional capacity evaluation is not medically necessary and appropriate.

Range of motion muscle testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines.

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.

Decision rationale: Further evaluation of the employee with range of motion muscle testing is not supported by the guidelines. Range of motion muscle testing is generally performed during a functional capacity evaluation. Since a functional capacity evaluation is not medically necessary and appropriate, the associated range of motion muscle testing is not medically necessary and appropriate.