

Case Number:	CM13-0040605		
Date Assigned:	12/20/2013	Date of Injury:	10/15/2002
Decision Date:	07/29/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopaedic Surgery 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 injured worker is a 66 year-old female injured on 10/15/2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 8/29/2013, indicates that there were ongoing complaints of right hand/wrist pains postop. The physical examination was handwritten and partially illegible and deciphered as the wounds well healed. No recent diagnostic images/studies were available for review. Previous treatment included physical therapy, bracing, injections, and surgery. A request had been made for functional capacity evaluation, range of motion, muscle test and was not certified in the pre-authorization process on 9/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, range of motion, muscle test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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): ACOEM-Chapter 7- Independent Medical Examinations and Consultations, Referral Issues and the IME Process (electronically sited).

Decision rationale: The American College of Occupational and Environmental Medicine guidelines support the use of the functional capacity evaluations if the clinician feels that such information is crucial. Based on clinical documentation provided, it was noted that at the time this examination was performed, the patient was five weeks status post-surgery. The patient was still recovering from surgery and is nowhere near Maximum Medical Improvement. The examiner was responsible for determining whether the impairment results in functional limitations and to inform the employee and the employer about the employee's abilities and limitations. At this stage in the healing process, the request for this evaluation is not medically necessary at this time.