

Case Number:	CM13-0042341		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2012
Decision Date:	05/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic 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 claimant is a 59-year-old gentleman who sustained injuries to the bilateral upper extremities on June 12, 2012. The records provided for review included an August 1, 2013 clinical assessment documenting diagnoses of chronic pain of the bilateral wrists and noted that the claimant was wearing wrist splints. Physical examination showed a positive Phalen's and Finkelstein's testing bilaterally. There was also noted to be diminished sensation in a C6-7 dermatomal distribution. Recommendation was made for medication management, referral for psychological consultation and a Functional Capacity Examination. A follow-up evaluation on November 14, 2013 described the claimant with continued complaints of pain in the bilateral wrists with diminished grip strength and physical examination once again showing positive Phalen's, reverses Phalen's testing and Finkelstein's testing bilaterally. Lifting restrictions of greater than 10 pounds were enforced. An MRI scan was recommended to further assess the claimant's wrists in addition to the Functional Capacity Examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE BILATERAL WRIST/ NOT APPROVED BY PHYSICIAN ADVISOR: Upheld

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 OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: FITNESS FOR DUTY - FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: The Expert Reviewer's decision rationale: The ACOEM Guidelines support the use of a Functional capacity Evaluation (FCE) to determine the claimant's physical limitations. The Official Disability Guidelines recommend that Functional Capacity Examinations are reserved for cases that are hampered by complex issues such as unsuccessful return to work. Timing for the FCE is also important when the claimant is close to or at maximal medical improvement. The records provided for review indicate that the claimant remains quite symptomatic on examination with a recent clinical assessment documenting the need for further imaging studies to the wrist. In the absence of a firm diagnosis and the need for an additional imaging study to evaluation the claimant's symptoms, the request for a Functional Capacity Examination cannot be recommended.