

Case Number:	CM13-0042978		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2010
Decision Date:	04/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/30/2013

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 Surgeon, and is licensed to practice in Georgia and 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 patient is a 55-year-old who reported an injury on September 17, 2010. The mechanism of injury was not stated. The patient is diagnosed as status post right pollicis longus laceration with repair and lower back pain secondary to retrolisthesis. The patient was seen by [REDACTED] on September 9, 2013. The patient reported no change in symptoms. Physical examination on that date revealed normal findings. Treatment recommendations at that time included a Functional Capacity Evaluation and an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION TO RIGHT THUMB AND LUMBAR:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Fitness for Duty Chapter, Functional Capacity Evaluation Section.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines state a number of functional assessment tools are available,

including Functional Capacity Evaluation, when re-assessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation should be performed when case management is hampered by complex issues and the timing is appropriate. A Functional Capacity Evaluation should not be completed for the sole purpose to determine a worker's effort or compliance. As per the documentation submitted, there was no change in the patient's physical examination on the requesting date of September 9, 2013. There is no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of any previous unsuccessful return to work attempts. There is also no documentation of a defined return to work goal or job plan. The request for a functional capacity evaluation for the thumb and lumbar region is not medically necessary or appropriate