

Case Number:	CM13-0046959		
Date Assigned:	12/27/2013	Date of Injury:	06/25/2013
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine & Rehabilitation 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:

According to the 11/08/13 progress report provided by [REDACTED], the patient presents with right carpal tunnel syndrome and right wrist sprain/strain. The request is for a Functional Capacity Evaluation. The request was denied by a utilization review letter dated 10/31/13. The rationale was that the "Functional Capacity Evaluation should be considered when the patient is at or close to MMI, all key medical reports have been secured and additional and secondary conditions have been clarified. The medical file indicates requests for further treatment and does not document the claimant is at or close to MMI." [REDACTED] 09/06/14 progress report states that the patient is not currently working and has received physical therapy, chiropractic treatment, and one session of acupuncture therapy. This progress report says that "the patient has not reached maximum medical improvement." The patient rates her right hand pain, right shoulder pain, and right wrist pain all with a 7/10 when resting and a 9/10 with activities. She also describes the pain radiating down her right arm and right hand. As a result of this right hand pain, right shoulder pain, and right wrist pain, the patient "is unable to perform her activities of daily living."

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): 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137 and 139..

Decision rationale: MTUS Guidelines do not discuss functional capacity evaluations. ACOEM Guidelines do not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM Guidelines. The request is not medically necessary and appropriate.