

Case Number:	CM13-0048314		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2012
Decision Date:	07/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 5-23-12. She was seen by her primary treating physician on 10/1/13 with complaints of left wrist pain, stiffness, tingling and weakness, associated with twisting, grabbing, grasping, gripping, squeezing and cold weather. She had loss of sleep due to pain and anxiety and irritability. Her left wrist showed a small WHSS at the left wrist with painful range of motion and 3+ tenderness to palpation. The Finkelstein's test was positive and Phalen's test was also positive. Her diagnoses were left thumb sprain/strain, status post surgery and left DeQuervain's disease and left wrist sprain/strain. At issue in this review is a repeat functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 5: CORNERSTONES OF DISABILTY PREVENTION AND MANAGMENT, 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: This injured worker has had multiple prior diagnostic studies and treatment modalities including surgery. There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. She is already able to participate in a modified work program and the records do not support the medical necessity for a functional capacity evaluation.