

Case Number:	CM13-0050847		
Date Assigned:	06/09/2014	Date of Injury:	07/08/2008
Decision Date:	11/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/13/2013

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 Family Practice, 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:

47 yr. old male claimant sustained a work injury on 7/8/08 involving the hand, wrists ribs and right hip. He was diagnosed with bilateral repetitive stress injuries, DeQuervain's tenosynovitis, carpal tunnel syndrome and Chronic pain syndrome. A progress note on 2/20/14 indicated the claimant had been able to tolerate activities of daily living with the use of an H-wave system. He did have weakness and numbness in the upper extremities. He had been on muscle relaxants, opioids and topical analgesics for pain. Exam findings were notable for diminished strength in the upper extremities and a positive Finkelstein test bilaterally. He was recommended to wear splints at the time. Prior to this visit a request was made for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): 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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation Page(s): 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) FCE, page 175

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not necessary.