

<b>Case Number:</b>	CM13-0060424		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 and 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:

This 23-year-old female sustained an injury on January 7, 2013 while employed by [REDACTED]. Request under consideration include one functional capacity evaluation. Diagnoses include bilateral carpal tunnel syndrome, cubital tunnel symptoms, deQuervain's tenosynovitis, and right radial tunnel syndrome. EMG/NCV of April 25, 2013 show normal study of the upper extremities. X-rays of bilateral wrists showed mild CMC degenerative joint disease. Left wrist MRI on May 15, 2013 showed thinning of TFFCC; right wrist MRI showed degenerative changes of first CMC joint with radial subluxation relative to trapezium. Conservative care has include Physical therapy, acupuncture, bracing, and chiropractic therapy. Report of September 27, 2013 from the provider showed patient with bilateral wrist and elbow pain. The patient requested topical as oral medication bothers her stomach. Lidoderm cream was prescribed. The patient is approaching permanent and stationary/MMI status with request for functional capacity evaluation, non-certified on November 18, 2013 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE FUNCTIONAL CAPACITY EVALUATION (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

**Decision rationale:** According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The request for one FCE is not medically necessary or appropriate.