

<b>Case Number:</b>	CM13-0062947		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 44 year old male who sustained an injury to his right wrist on 05/01/13 while moving a heavy door. Magnetic resonance imaging of the right wrist dated 11/01/13 revealed negative ulnar variance without evidence of Kienbock's disease; subchondral cyst formation present within the lunate. An operative note dated 08/14/13 reported that the injured worker underwent excision of recurrent right volar wrist ganglion cyst. Treatment to date has included certification for 12 physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations; Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition, Chapter on Fitness for Duty, Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** There was no recent documentation of functional deficits of this injured worker such as joint range of motion, strength, flexibility, or endurance deficits as well as objective evidence of impairments in activities of daily living and self-care. There was no documentation of conflicting medical reporting on precautions and/or fitness for modified job or injuries that required detailed exploration of the worker's abilities. Moreover, the records also did not provide documentation that the injured worker is close to or at maximum medical improvement. There was no documentation of prior unsuccessful attempts to return to work. After reviewing the submitted clinical documentation, there was no additional objective clinical information provided for review that would support reversing the previous adverse determination. Given this, the request for 1 functional capacity evaluation is not indicated as medically necessary.