

Case Number:	CM13-0063060		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2011
Decision Date:	07/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 59 year old female whose date of injury is 01/25/2011. The mechanism of injury is described as repetitive work activities. Agreed medical re-evaluation dated 06/19/13 indicates she last worked light duty on 04/05/11. The injured worker is determined to be permanent and stationary. Follow-up note dated 10/01/13 indicates the injured worker complains of neck and right wrist pain as well as low back pain. Past surgeries include right carpal tunnel release and right third digit trigger finger release in April 2012. Assessment notes cervical disc syndrome, status post right carpal tunnel release with residuals, status post trigger finger release, carpal tunnel syndrome, de Quervain's tenosynovitis, and lumbar disc disease with disc protrusions at L3-4 and L4-5.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation.

Decision rationale: The submitted records fail to document prior unsuccessful return to work attempts. There is no current, detailed physical examination submitted for review and no return to work plan is provided. Therefore, the request for functional capacity evaluation is not medically necessary.