

<b>Case Number:</b>	CM13-0063602		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Orthopedic Surgery 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:

The claimant sustained an injury to his right wrist on March 20, 2013. The claimant's clinical assessment dated October 30, 2013 documented a diagnosis of "contracture of right wrist" status post open reduction internal fixation of right distal radial fracture. It also noted that the claimant had been attending physical therapy and advancing with pain management. Objectively there was restricted range of motion at end points with previous scarring over the volar aspect of the forearm, 4/5 motor strength and no neurologic deficit. Due to the claimant's chronic pain and continued work restrictions, a Functional Capacity Examination was recommended for consideration of a permanent and stationary evaluation. It was documented that the injured worker had attempted to return to work but was unsuccessful secondary to his functional limitations. Postoperative treatment included physical therapy, immobilization, medication management and advancement to home exercise program. There was no documentation of a prior Functional Capacity Examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Fitness for Duty

**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 - Functional Capacity Evaluation (FCE)

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, the request for a Functional Capacity Examination appears medically warranted. The documentation indicates that the claimant has had prior unsuccessful return to work attempts and continues to have complaints in the postoperative setting. From this reviewer's opinion, he appears to be close to or at maximal medical improvement from the surgical process and results of postoperative care utilized. The specific request would appear to be medically necessary.