

Case Number:	CM13-0068399		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2012
Decision Date:	10/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68-year-old male with date of injury of 06/21/2012. The listed diagnoses per [REDACTED] dated 11/13/2013 are: 1. Left long and ring finger tendovaginitis. 2. Left carpal tunnel syndrome. 3. Severe lumbar discopathy with radiculitis and progressive neurologic deficits/neurogenic claudication. According to this report, the patient reports symptomatology in the lumbar spine. Recommendation for surgical intervention has been made. The symptomatology in the patient's left wrist/hand has not changed significantly. The physical examination of the left hand and wrist is essentially unchanged. Tenderness was noted on the left long and ring fingers with triggering. There is a positive Tinel's and Phalen's sign. Tenderness from the mid to the distal lumbar segments. There is palpable paravertebral muscle spasm. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes, grade IV involving the lateral thigh, anterior lateral and posterior leg as well as foot, consistent with abnormalities at L4-L5 and L5-S1. The utilization review denied the request on 12/10/2013.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Functional Capacity Evaluation, Chapter 7, pages 137, 139.

Decision rationale: This patient presents with left wrist/hand and lumbar spine pain. The physician is requesting a functional capacity evaluation. The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. The progress report dated 11/13/2013 notes that the physician is requesting a complete functional capacity evaluation to obtain the necessary Acumar readings for the remaining component of a range of motion method. In addition, the physician states that the patient should be considered a "qualified injured worker" for vocational rehabilitation purposes and should have the opportunity to undergo vocational retraining that will enable him to resume gainful employment within the guidelines. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or if the information is crucial. Recommendation is for denial.