

Case Number:	CM14-0000131		
Date Assigned:	01/10/2014	Date of Injury:	02/10/2012
Decision Date:	05/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Practice 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 38 year-old female who reported an injury on 02/10/2012. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her elbow, and wrists and hands. The patient's treatment history included physical therapy, medications, acupuncture, immobilization, and activity modifications, and injection therapy. The patient's most recent clinical evaluation dated 12/20/2013 documented that the patient had 75% improvement in symptoms as a result of acupuncture treatments. Objective findings included tenderness to the right wrist and hand on the radial side of the wrist, with weakness of grip, and a mildly positive Tinel's sign with restricted range of motion secondary to pain. Examination of the right elbow revealed to palpation of the medial epicondyle with restricted range of motion secondary to pain and a mildly positive Tinel's sign at the cubital tunnel. The patient's diagnoses include right wrist strain with posterior arthropathy, cubital tunnel syndrome, and carpal tunnel syndrome. The patient's treatment plan included additional acupuncture and a Functional Capacity Evaluation to assess her return to work environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend Functional Capacity Evaluations when a more precise delineation of the patient's capabilities to function in a work environment or that cannot be adequately assessed in a normal physical examination. The clinical documentation submitted for review indicates that the patient has already returned to full duty. There is no documentation that the patient is not able to perform her normal work activities and require activity modifications in the work environment. Therefore, the need for a Functional Capacity Evaluation is not supported. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.