

Case Number:	CM14-0001546		
Date Assigned:	01/22/2014	Date of Injury:	10/01/2005
Decision Date:	06/11/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/06/2014

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 Texas. 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 41-year-old female who sustained an injury to her left arm on 10/01/05 with no specific mechanism of injury documented. The injured worker was evaluated with a diagnosis of carpal tunnel syndrome to the left hand. The record indicates the injured underwent carpal tunnel release of the left upper extremity and was authorized for carpal tunnel release of the right upper extremity on 02/14/11. An MRI of the cervical spine dated 09/10/13 was unremarkable, describing a tiny disc bulge at C-6 (neck) and a right wrist MRI scan described bone contusion of the lunate.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: A functional capacity evaluation is recommended for use to determine if there are limitations to activities which affect the injured worker returning to employment. In this case, the request was deemed premature. There was no additional significant objective clinical information provided that would support the request for a functional capacity evaluation. Given

the clinical documentation submitted for review, medical necessity of the request for functional capacity evaluation has not established. The request is not medically necessary and appropriate.