

<b>Case Number:</b>	CM14-0005246		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational Medicine 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:

This is a 44-year-old female patient with a 10/4/13 date of injury. 12/10/13 progress report indicates continuous right wrist and hand pain. She complains of associated weakness and loss of grip. Physical exam demonstrates right wrist short arm cast, tenderness at the distal radius of the right wrist. There is numbness, tingling and weakness in the right thumb. Grip strength is diminished on the right. The doctor states that the patient has not reached MMI and needs further treatment. Treatment to date has included medication and activity modification. There is documentation of a previous adverse 1/3/14 UR determination for lack of a clear rationale for FCE as the patient was already working modified duties. There was no documentation of objective functional deficits to support the request.

### 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 Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 132-139.

**Decision rationale:** The CA MTUS states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. The doctor states that the patient has not reached MMI and needs further treatment. Therefore, the request for a Functional Capacity Evaluation is not medically necessary.