

Case Number:	CM14-0104786		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2014
Decision Date:	10/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Med & Rehabilitation 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 injured worker is 59-year-old male who sustained an injury on April 8, 2014. He is diagnosed with right wrist/hand sprain/strain. He was seen on May 9, 2014 for an evaluation. He had complaints of occasional right wrist pain. Examination of the right wrist was unremarkable.

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 ACOEM 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (PP 132-139)ODG Fitness for Duty (updated 03/26/14)

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

Decision rationale: The request for a functional capacity evaluation is not medically necessary at this time. Guidelines indicated that there is a question of reliability in solely using functional capacity evaluation to identify an injured worker's performance as this may be influenced by other factors that may not be medically related. Hence, the request for a functional capacity evaluation is not medically necessary at this time.