

Case Number:	CM14-0010679		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2013
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 43 year old injured worker who started noticing bilateral hand numbness while lifting potatoes on a repetitive basis, date of injury is 1/27/2014. The patient has been evaluated by multiple specialists with a consistent diagnosis of bilateral carpal tunnel syndrome. No cervical radiculopathy has been noted by these evaluators. On 5/17/13 electrodiagnostic studies confirmed criteria for bilateral carpal tunnel syndrome and there were no electrodiagnostic findings suggestive of a cervical radiculopathy. The patient is not near a P&S status as surgical intervention has been recommended for the carpal tunnel syndrome. There are no documented disputes over work capacity.

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, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

Decision rationale: According to the ACOEM Guidelines, chapter 7, Functional Capacity Evaluations (FCE's) have a fairly narrow scope of application and are often inaccurate at assessing long term limitations. As evidenced by MTUS/Guideline recommendations, FCE's should have specific conditions present before utilization i.e. Failure of modified duties and consultation with the employer regarding potential return to work modifications. In this case the employee does not present with either of these conditions. In general, it would also be reasonable to expect the patient to have reached a maximum medical improvement status prior to an FCE. Therefore, the request for a functional capacity evaluation is not medically necessary and appropriate.