

Case Number:	CM14-0015337		
Date Assigned:	02/28/2014	Date of Injury:	02/22/2013
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine and Rehabilitation 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 34 year old male who reported an injury on 02/22/2013. The mechanism of injury was a result of a tire explosion. Per the 12/10/2013 clinical note, the injured worker complained of constant neck, right shoulder, mid back, right wrist/hand & right knee pain. The injured worker had the following diagnostic exams completed on 12/13/2013: computerized tomography (CT) of the right hand, magnetic resonance imaging (MRI) of the cervical spine and right knee, both without contrast. The injured worker had a history of cervical myofascial sprain/strain, and symptomatic bipartite patella secondary to trauma and avulsion fracture of the metacarpal joint, right index finger. The injured worker's medications included Motrin and naproxen. The documentation noted the injured worker was treated with medications, home exercise program and aquatic rehabilitation. The rationale for the request was not provided. The request for authorization form for functional capacity evaluation was not included with the documentation.

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 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The injured worker complained of continued neck, right shoulder, mid back, right wrist/hand & right knee pain secondary to reported injury on 02/22/2013. The injured worker underwent carpal tunnel release and fasciotomy to the right hand on 02/22/2013. ACOEM Guidelines states a number of functional assessment tools are available, including functional capacity exams and videotapes. The Official Disability Guidelines further state, functional capacity exams are recommended prior to admission to a work hardening program. The guidelines do not recommend a functional capacity exam if the sole purpose is to determine a worker's effort or compliance. The documentation provided does not indicate the intent to begin a work hardening program that would warrant the use of a functional capacity exam. The rationale for the submitted request was not provided. The medical necessity for a functional capacity exam was not established. The request is not medically necessary and appropriate.