

<b>Case Number:</b>	CM14-0017756		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/25/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 33-year-old female who was injured on 12/25/2012 during the course of her employment injuring her left hand/wrist. The patient relates that a client was going up a ramp in his wheelchair and suddenly the chair started to roll backwards. The patient caught the wheelchair, and her left hand and wrist were bent backward. She felt immediate pain in her left hand and wrist and it started to swell. Prior treatment history has included physical therapy, heat treatment, massage and electrode treatments. On 05/02/2013, the patient was evaluated by [REDACTED], who informed the patient that she had two torn ligaments in the left wrist and cartilage damage. He also informed her she was a candidate for left wrist surgery. The patient has not had the surgery to this date. The medications include Motrin 800 mg. Diagnostic studies reviewed include MRI (magnetic resonance imaging) of the left wrist dated 03/29/2013 revealing: 1) Increased signal at the ulnar attachment of the triangular fibrocartilage that may represent sprain or partial tearing. There is small amount of joint effusion within the distal radioulnar joint. An MR arthrogram of the wrist can be obtained for further evaluation. 2) The volar band and central slip of the scapholunate ligament are not visualized and may have been torn. The dorsal and the scapholunate ligament are intact. An MR arthrogram of the wrist can be obtained for further evaluation. Progress note dated 11/13/2013 documented the patient with complaints of moderate left wrist pain. Her pain is increased with overuse of her wrist and gripping or grasping objects. The patient continues to wear a brace whenever she is out for protection. Objective findings on exam of the left wrist/hand revealed no redness, warmth or swelling or change of skin color. There is tenderness to palpation noted diffusely. There is no crepitus. The discussion include: given the fact that she has improved substantially and has only occasional mild wrist pain, the examiner suggests she continue to wait out the situation as she will simply improve with the passage of time. Specialized hand surgical care does not appear to be needed. The patient can

return to [REDACTED] for further follow up and disposition. The current diagnoses: left wrist sprain/strain, and left wrist tenosynovitis. For disability status: The patient may continue to work with the restrictions of no forceful strength activities with the left upper extremity. According to utilization review report dated 01/15/2014, the claimant continues to have intermittent moderate left wrist pain aggravated with strenuous activity. The claimant improved with 12 session of physical therapy. There was tenderness noted on the medial side of the wrist with no other abnormalities. The diagnosis was a left wrist sprain and strain and left wrist tenosynovitis. It is noted the claimant is working at this time.

### **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 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation [HTTPS://WWW.ACOEMPRACGUIDES.ORG/HANDANDWRIST](https://www.acoempracguides.org/handandwrist); TABLE 2, SUMMARY OF recommendations, Hand and wrist disorders, <https://www.acoempracguides.org/HandandWrist>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FUNCTIONAL CAPACITY EVALUATION (FCE).

**Decision rationale:** The Official Disability Guidelines (ODG) states a Functional capacity evaluation (FCE) is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." There is no indication in the medical documentation provided that a Work Hardening Program is being requested. Further, the patient made substantial improvement with conservative care and therapy. Specialized surgical care is not considered necessary, a full recovery is expected, and the patient is working. The medical necessity for functional capacity evaluation is not established.