

Case Number:	CM14-0110819		
Date Assigned:	08/01/2014	Date of Injury:	11/28/2012
Decision Date:	10/07/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old gentleman was reportedly injured on November 28, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of right hand pain. The physical examination demonstrated tenderness at the right thumb, at the carpal metacarpal joint. There was a negative cross test as well as a negative Tinel's test and Phalen's test at the wrist. A deformity was noted at the first metacarpophalangeal joint. There was a diagnosis of right hand first carpal metacarpal joint arthritis. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was unknown. A request had been made for a functional capacity evaluation to assess the right forearm and elbow and was not certified in the pre-authorization process on June 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FCE (functional capacity evaluation), right forearm, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Return to Duty, Functional Capacity Evaluation, Updated September 23, 2014

Decision rationale: The request for a functional capacity evaluation, dated June 11, 2014, actually indicated that right thumb impairment is the reason for a functional capacity examination rather than the right forearm and the right elbow. According to the Official Disability Guidelines, a functional capacity evaluation is only indicated if there have been prior unsuccessful return to work attempts or the individual is close or at maximum medical improvement. The attached medical record does not contain any information regarding return to work attempts. For these multiple reasons, this request for a functional capacity evaluation is not medically necessary.