

<b>Case Number:</b>	CM14-0140469		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 43 year old male who on 4/20/13 sustained a right wrist laceration and a concussive injury when an electrical saw kicked back. He underwent repair of the laceration and it appears that he had repair of an extensor tendon at some point later. He continues to complain of right wrist pain, diminished range of motion of the right fingers and numbness and tingling of the right hand. The physical exam reveals a healed scar dorsally over the right wrist, tenderness of the 4th metacarpal region, inability to fully flex the right fingers, and diminished sensation over the dorsal aspect of the hand. The diagnoses include tenosynovitis of the right hand, S/P concussion and forehead contusion, transient forgetfulness, right upper extremity neuropathy due to laceration or suturing, and depression/anxiety. He is being treated with Naprosyn and an IF unit. He has returned to work with modified duties although the modifications are not listed. The injured worker is a self-employed general laborer. Before us is a request for a final functional capacity evaluation although no documentation is available to suggest that a previous functional capacity evaluation (FCE) has been done.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Final Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Procedure Summary, Functional capacity evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation

**Decision rationale:** The guidelines for performing an FCE per the Official Disability Guidelines are: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. In this instance, the injured worker has returned to work but there is no indication that he is entering a work hardening program or that a work place ergonomic assessment has been arranged for. Therefore, a Functional Capacity Evaluation is medically unnecessary under the referenced guidelines.