Case Number:	CM14-0148269		
Date Assigned:	09/18/2014	**Date of Injury:**	10/02/2013
Decision Date:	12/02/2014	**UR Denial Date:**	08/11/2014
Priority:	Standard	**Application Received:**	09/11/2014

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 Illinois. 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 46-year-old female who reported an injury on 10/01/2013 due to pulling daikons, a vegetable, which are deep rooted. She was pulling on them, by the end of the day; she started experiencing pain and discomfort over the outer aspect of the wrist and also coming on to the front of the wrist. The next morning she had much more significant pain. The injured worker had a QME on 10/06/2014 that revealed complaints of pain on the radial aspect of the left wrist and front of the wrist. The pain was reported to be a 4/10 to 7/10. It increased by doing yard work, lifting over 20 pounds, and repetitive use of the left hand and wrist. There were complaints of some numbness in the front of the wrist and palm and some left upper extremity weakness. The injured worker had an MRI of the left wrist without contrast on 11/09/2013 that revealed areas of abnormal signal intensity in the lunate and triquetrum bones, which could represent contusions; mild degenerative changes, especially the first carpometacarpal joint; small erosion in the distal radius; small fluid collection over the volar ulnar side of the wrist; otherwise negative MRI scan of the left wrist. The injured worker had a Functional Capacity Examination on 06/05/2014. Examination of the bilateral upper extremities showed that the shoulder was within normal limits without any limitation of range of motion, local tenderness, or restricted range of motion. Examination of the bilateral elbows revealed no deformity, no localized tenderness, and no medial or lateral instability was noted in the elbow joint. No effusion was present in the elbow joint and Tinel's signs for ulnar neuritis were negative. Examination of the left wrist/hand revealed no deformity around the wrist; no thickening of common extensor abductor tendon sheath. Finkelstein's test was marginally positive. There was a negative Tinel's sign, negative Phalen's sign, and a negative Durkan's test. There was no crepitus as transverse carpal ligament. There was no instability in the radiocarpal, intercarpal, or distal radial ulnar joint of the wrist. Range of motion in the left wrist extension was to 60 degrees, flexion was to

60 degrees, radial deviation was to 20 degrees, and ulnar deviation was to 30 degrees. The MC joint of the thumb was normal. No atrophy was noted in the intrinsic muscles and A1 pulley 1 through 5 did not reveal any localized swelling, tenderness, thickening, or any triggering. Range of motion in the metacarpophalangeal and interphalangeal joints of the fingers and thumb was normal. Neurologic examination of the upper extremities revealed 2+ positive and equal on both sides. Sensation in the upper extremities to touch and pinwheel was normal. Motor strength testing in the muscle groups in the upper extremities was grade 5. Jamar grip testing (3 consecutive attempts) right was 12, 11, and 12 kg. Left was 0, 1, and 0 kg. Diagnosis was sprain/strain of the left wrist, tendinitis of the left wrist, and mild de Quervain's tendinitis of the left wrist. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

Decision rationale: The request for initial Functional Capacity Evaluation (FCE) is not medically necessary. The California ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficits. The documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals. There is also lack of documentation of other treatments the injured worker underwent previously and the measurement of progress, as well as efficacy of the prior treatments. The documentation states that the injured worker was not currently working. Therefore, this request is not medically necessary.