

<b>Case Number:</b>	CM14-0157069		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Alabama & Maryland. 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:

Patient is a 50-year-old male who sustained an industrial injury to his left wrist on 10/20/11. Treatment to date has included medications, chiropractic care, and physical therapy. MRI revealed a TFCC tear, osteoarthritis in the wrist along with effusions. In addition, patient has had degenerative changes to his cervical spine. Patient states that he has not been able to return to work due to his injuries and his multiple pain syndromes. Currently, his work status is modified duty and a functional capacity evaluation has been requested.

### 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 Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503 & Functional capacity evaluation, pages 137-138

**Decision rationale:** As per the CA MTUS ACOEM guidelines, a functional capacity evaluation may be considered if there has been prior unsuccessful return to work attempts. This does not appear to be the case for this patient as he is currently working with restriction. Therefore, based on the recommendations and available medical records, this medical request is unnecessary at this time.