

<b>Case Number:</b>	CM14-0159643		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

This injured worker is a 43-year old male who reported a work related injury on 05/29/2012. The mechanism of injury is non-specific. This injured worker's diagnoses include right radial neuritis, right carpal tunnel syndrome with ulnar neuritis, status post right carpal fracture repair, right wrist sprain, right lateral epicondylitis. This injured worker's past treatment included right forearm injection over the radial nerve on 07/08/2014, medication, and epicondylar band. The diagnostic tests performed were MRI of the right elbow was performed on 09/02/2014 with non-specific results, MR of the right forearm performed on 09/03/2014, x-ray of the right wrist 10/22/2012 CT of the right hand on 08/08/2012. This injured worker had a Carpal fracture repair of an unknown date. As reported on 09/23/2014 the injured worker stated right wrist achiness with sharp nerve pain of 4-5/10. Mildly decreased sensation on the right first digit and tenderness over right lateral and medial epicondyles. There is no atrophy noted and motor strength is 5/5. Reports from 08/08/2014 indicate this injured worker's grip strength on the right side to be 52, 52, and 52 equal to the left. Two months prior was shown to be 24, 24, 26 on the right and 44, 48, and 46 on the left side. The injured worker's medications include Gabapentin 600 mg, Baclofen 5 mg, Norco 5 mg. The treatment plan for this injured worker included continuing medication, an MRI of the right wrist, a functional capacity evaluation to determine the injured worker's level of activity tolerance. The Request for Authorization was submitted and is dated 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity evaluation x 2 days for the right elbow/hand QTY: 2: Upheld**

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

**Decision rationale:** The request for Functional Capacity evaluation x 2 days for the right elbow/hand QTY: 2 is not medically necessary. The California MTUS/ACOEM Guidelines state in regards to functional capacity evaluations, determining limitations is not really a medical issue. More specifically The Official Disability Guidelines state that functional capacity evaluations are recommended prior to admission to a work hardening program or have had prior unsuccessful return to work attempts. The injured worker presents with chronic pain. Additionally the rationale for the request was not provided. There is was no evidence that the injured worker is attempting to enter a work hardening program or that he has had prior unsuccessful return to work attempts. As such, the request is not medically necessary.