

<b>Case Number:</b>	CM14-0161756		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Occupational Medicine 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 24 year old female with a date of injury on 4/22/2010. She worked in computer services as an entry clerk and was diagnosed with bilateral carpal tunnel syndrome and underwent sequential bilateral carpal tunnel release. The medical records were reviewed. On May 20, 2014, there is an order for and functional capacity evaluation with no accompanying rationale. On that day, her Jamar dynamometer reading on the right hand was 20-10-5 and the left hand 10-5-5. On July 29, 2014, she stated her pain had decreased to a 6/10 and she was feeling better after surgery. She was returned to modified work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), chapter 7, pages 137-138

**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:** Per the Official Disability Guidelines, a functional capacity evaluation is recommended prior to admission to a work hardening program. Both job-specific and comprehensive functional capacity evaluations can be valuable tools in clinical decision-making for the injured worker; however, a functional capacity evaluation is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Functional capacity evaluation, as an objective resource for disability managers, is an invaluable tool in the return to work process. There are controversial issues such as assessment of endurance and inconsistent or sub-maximum effort. A functional capacity evaluation should be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. This worker has chronic bilateral improving hand and wrist pain with radiculitis who has been returned to work. She does not meet the above requirements of prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; and injuries that require detailed exploration of a worker's abilities. Also, there is no evidence that an ergonomic assessment has been arranged after her return to work. The request is not medically necessary.