

Case Number:	CM14-0172388		
Date Assigned:	10/23/2014	Date of Injury:	06/25/2013
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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 California. 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 52 year old female with a date of injury on 6/25/2013. The injured worker stated that she developed pain in the hands and wrists due to extensive repetitive activity with the hands and wrists. There is a note from an orthopedist from 12/13 indicating that there was a request for a carpal tunnel release procedure which was non-certified. Notes through 3/18/14 indicate that the carpal tunnel surgery had not yet been approved. In 6/14, the injured worker was complaining of worsening pain which now ascended up the arm to the neck. A course of physical therapy was requested. This was not helpful. A repeat electrodiagnostic testing confirmed the presence of bilateral carpal tunnel syndrome. In 7/14, one of the injured worker's providers requested a functional capacity evaluation to provide permanent restrictions and limitations.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 137-138 and ODG, Fitness for Duty Chapter

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: It seems that the functional capacity evaluation (FCE) was requested by the injured worker's treating provider to aid in obtaining "possible permanent work restrictions." This was due to the fact that the injured worker had signs and symptoms of carpal tunnel syndrome and she had not had approval for surgery to treat that condition. The provider, noting that this had gone on for months, it appears, made an assessment that perhaps no further treatment would be offered to the injured worker in regard to the carpal tunnel syndrome (CTS), and thus, permanent work restrictions would be indicated. This appears understandable, however, the data does support a diagnosis of carpal tunnel syndrome, for which surgical treatment would be indicated, and, since surgery has not been done, the injured worker is not yet ready to return to work and no quantitative measure of the injured worker's work abilities is yet needed. Therefore, noting that the injured worker has residual potential for surgery, and thus improvement in her status, the functional capacity evaluation (FCE) remains premature and is not medically necessary.