

Case Number:	CM14-0172581		
Date Assigned:	10/23/2014	Date of Injury:	07/12/2012
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44 years old male with an injury date on 07/12/2012. Based on the 09/10/2014 progress report provided by [REDACTED], the diagnoses are left carpal tunnel syndrome; status post left carpal tunnel release on 02/07/2014 by [REDACTED]; right carpal tunnel syndrome; cervical sprain/strain rule out herniated nucleus pulposus; depression and anxiety; hypertension, industrial; diabetes mellitus, industrial; morbid obesity; and possible bilateral ulnar nerve compression at the elbow and wrists. According to this report, the patient complains of pain in the left hand. The patient "had surgery in February and it is still swelling and hurting in the palm and in his fingers. He still feels weak with grip." The patient also complains of moderate neck pain, moderate wrist and elbow pain, bilaterally. Exam of the hand indicates sensation of the center finger is decreased. The 2 point discrimination of the thumb, index finger, and small finger are 5mm, bilaterally; and the long finger and ring finger are 8mm, bilaterally. Weakness of the opponens muscles is note. The patient "is off work and now he is on temporary total disability." There were no other significant findings noted on this report. The utilization review denied the request on 10/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/09/2014 to 10/01/2014.

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 Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Capacity Evaluation: ACOEM guidelines, Chapter 7, page 137-139

Decision rationale: According to the 09/10/2014 report by [REDACTED] this patient presents with pain in the left hand. The provider is requesting functional capacity evaluation "to see what he is capable of doing." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial... There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the provider does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Therefore, this request is not medically necessary.