

Case Number:	CM14-0020592		
Date Assigned:	04/30/2014	Date of Injury:	01/19/2010
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 60-year-old with a date of injury of 01/19/10. A progress report associated with the request for services, dated 11/08/13, identified subjective complaints of left wrist pain. Objective findings included tenderness to palpation and swelling of the hand. The claimant was unable to make a fist. Diagnoses included previous left wrist surgery. Treatment has included NSAIDs, physical therapy, and extracorporeal shock wave therapy (ESWT). A Utilization Review determination was rendered on 12/30/13 recommending non-certification of "outpatient final Functional Capacity Evaluation (FCE)."

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FINAL FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. The following guidelines are for performing an FCE are listed: (1) 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; and Injuries that require detailed exploration of a worker's abilities. (2) Timing is appropriate: Close or at maximum medical improvement / all key medical reports secured; and Additional / secondary conditions clarified. (3) Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance; or if the worker has returned to work and an ergonomic assessment has not been arranged. The above criteria have not been met. The claimant has not reached maximum medical improvement. The record does not document prior unsuccessful return- to-work attempts. There is no documentation of the need for a work-hardening program and a job description is not specified in the medium/hard exertion level. Therefore, there is no documented medical necessity for a Functional Capacity Examination.