

<b>Case Number:</b>	CM14-0021144		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational 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:

The injured worker is a 51 year old female whose date of injury is 07/27/2012. The mechanism of injury is described as continuously and repetitively pushing a wheelchair. The injured worker is status post right carpal tunnel release on 08/07/13. Panel QME dated 01/14/14 indicates that in September 2013 the injured worker was released to work modified duty. Progress note dated 03/31/14 indicates that exam of the right upper extremity revealed decreased grip strength; Phalen's and Finkelstein are negative. There is no clicking or locking. Diagnoses are carpal tunnel syndrome, pain in hand, and other tenosynovitis hand/wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION FOR BILATERAL WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 Chapter, Functional capacity evaluation.

**Decision rationale:** Based on the clinical information provided, the request for functional capacity evaluation for bilateral wrist is not recommended as medically necessary. There is no indication that the injured worker is at or near maximum medical improvement as required by

the Official Disability Guidelines. There are no documented unsuccessful return to work attempts. There is no clear rationale provided to support the request at this time. The request is not medically necessary.