

Case Number:	CM14-0022806		
Date Assigned:	06/11/2014	Date of Injury:	08/06/2011
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 26-year-old female who reported an injury on 08/06/2011 of unknown mechanism of injury. The injured worker complained of constant sharp, tingling/numbness left wrist pain that was worst with daily living activities. The injured worker states the pain in her left wrist radiates to her hand, bicep and tricep region on the left side. The injured worker underwent surgical repair in 2012 and 2013 on her left wrist. On the physical examination done on 05/06/2014 the injured worker was pregnant and states she had difficulty sleeping due to pain on left wrist. The injured worker had limited range of motion of the left wrist, positive tenderness to palpation along the scar, medial, lateral and ulnar of the left wrist and elbow. It was noted the left wrist has pain with flexion and extension with increased radial/ulnar deviation. It also noted that the injured worker had decreased grip strength in left hand 4/5 and unable to grip with all fingers. The injured worker pain level was a 7/10. The injured worker medication includes Methoderm gel. The injured worker conservative measures was ice therapy and the tens unit which the injured worker states are very helpful. The injured worker diagnoses include open wound wrist, ulnar nerve injury and late effects open wound extremities. The treatment plan request was for a functional capacity evaluation. The request for this review was submitted on 01/09/2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: The request for the functional capacity evaluation is non-certified. In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 05/06/2014 why the injured worker needs a functional capacity evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there was no documentation provided that injured worker had conservative care such as, physical therapy, functional limitations or failed medication treatment. Furthermore, there was no evidence provided of any functional limitations preventing the injured worker to return back to work and the cause of injury is unknown. Given the above, the request for a functional capacity evaluation on the injured worker is not medically necessary.