

<b>Case Number:</b>	CM14-0022921		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery 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:

This is a 46-year-old female patient with a 3/15/12 date of injury. 3/21/14 progress report indicates persistent, constant severe left wrist and hand pain with swelling; and constant moderate to severe pain in the left thumb, radiating to the left shoulder. Physical exam demonstrates moderate swelling of the left hand and phalanges. Upper extremity neurologic findings were unremarkable. There is spasm and tenderness to the left anterior wrist, left thenar eminence and abductor pollicis longus muscle. Tinel's test was positive at the left carpal tunnel. Finkelstein's with positive on the left. A hand surgery consultation is pending. Treatment to date has included medication, activity modification. The patient underwent left thumb surgery and has completed postoperative physical therapy. There is documentation of a previous 2/17/14 adverse determination for lack of previous unsuccessful return-to-work attempts; lack of conflicting medical information; or an injury that would require detailed exploration of her abilities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **QUALIFIED FUNCTIONAL CAPACITY EVALUATION FOR THE LEFT WRIST/THUMB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations (page 132-139);.

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. On the same day that functional capacity evaluation was requested, physical therapy was concurrently prescribed. Therefore, the request for qualified functional capacity evaluation for the left wrist/thumb is not medically necessary.