MAXIMUS Federal Services

Case Number:	CM14-0028183		
Date Assigned:	06/13/2014	Date of Injury:	02/10/2012
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 38 year old female with a date of work injury 2/10/12. The patient continues to have weakness of grip and presented with diagnoses of right wrist strain, tenosynovitis, cubital tunnel syndrome, and carpal tunnel syndrome. Under consideration is a request for an FCE. There is a 2/14/14 primary treating physician progress report that states that the patient has moderate right wrist pain, with numbness and tingling on the right medial wrist. Examination of the right wrist/hand reveals tenderness at the right eminence and radial side of the wrist. There is weakness in grip strength noted. There is a mildly positive Tinel sign. There is restricted range of motion due to complaints of pain. Examination of the right elbow reveals tenderness 10 palpation about the medial epicondyle. There is restricted range of motion due to complaints of pain. There is a mildly positive Tinel's sign at the cubital tunnel. The treatment plan includes the patient attending acupuncture, continuing pain medications. She is to have an AME. The patient was reported as working full duty. There is a 1/17/14 document where the primary treating physician states that he would like to request authorization for the patient to undergo a functional capacity evaluation to assess her return to work environment. The patient will continue to work full duty. She will return for a follow up on February 14, 2014 at which time P&S status will be addressed.

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 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 Official Disability Guidelines (ODG) Fitness for Duty-Functional Capacity Evaluation.

Decision rationale: The request for a functional capacity evaluation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ACOEM guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that consider an FCE if case management is hampered by complex issues such as: 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; close or at MMI/all key medical reports secured or if additional/secondary conditions clarified. The ODG states that an FCE is not appropriate 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 documentation indicates that the patient is back at work full duty already. There is no evidence that there have been complex case issues hampering case management. There is no clear description of the patient's job. The documentation is unclear of how this FCE would change the patient's treatment or case as she is already working full duty. The request for a functional capacity evaluation is not medically necessary.