

Case Number:	CM14-0030657		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2010
Decision Date:	08/04/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 11/08/2010 who of an unknown mechanism. The injured worker underwent a status post left carpal tunnel release on 11/08/2013. On 11/18/2013, the injured worker had a follow-up surgery appointment. It was reported that the injured worker continued to have tenderness in her left palm and wrist with some mild decreasing range of motion and decreasing grip strength. She continues in postoperative physiotherapy at this time. On the physical examination of the left wrist revealed healed incision at the site of the cervical (note in file states surgical) intervention, pillar pain was noted, with no sign of erythema, swelling, or undue tenderness as seen. The diagnoses included cervical radiculopathy, lumbosacral radiculopathy, carpal tunnel syndrome, and shoulder sprain/strain. There were no medications noted on the physical exam. It was noted that the injured worker had already attended postoperative physical therapy with undocumented measurements of outcome of the physical therapy sessions. The treatment plan include for a decision on additional postoperative physical therapy for the left wrist times 12 and for a Functional Capacity Evaluation weighted to the trunk upper and lower extremities. The authorization for request was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the left wrist x12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The request for additional post-operative physical therapy for the left wrist times 12 are not medically necessary. Per the Medical Treatment Utilization Schedule (MTUS) Guidelines recommends 3 to 8 physical therapy visits over 3 to 5 weeks for postsurgical treatment (endoscopic) and (Open) of the right wrist no more than 3 months for postsurgical physical medicine treatment. The documents provided stated the injured worker had already attended physical therapy sessions for the left wrist with lack of evidence of the outcome of the physical therapy treatment sessions. There was lack of documentation of conservative care such as outcome home exercise regimen and there was no visual analogue scale (VAS) measurements submitted for the injured worker for review. Given the above, the request for additional post-operative physical therapy for the left wrist times 12 is not medically necessary.

Functional capacity evaluation related to trunk, upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations and Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) Chapter.

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 related to trunk, upper and lower extremities is not medically necessary. 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 12/16/2013 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 the injured worker's outcome of 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.

