

Case Number:	CM14-0034561		
Date Assigned:	06/20/2014	Date of Injury:	04/30/2013
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of April 30, 2013. A functional capacity evaluation dated February 17, 2014 was provided for review. A request for authorization dated February 7, 2014 includes subjective complaints of burning bilateral wrist pain with muscle spasm. The pain is alleviated with medications, rest, and activity restriction. The note indicates that the patient's job requires repetitive walking, standing, bending, squatting, climbing ladders, kneeling, and twisting. The job also involves simple grasping, strong gripping, reaching, and lifting up to more than 50 pounds, pushing, pulling, and doing other work at or above chest level. Physical examination identifies tenderness to palpation at the door some of both wrists with normal range of motion. There were positive orthopedic tests on both wrists. There is decreased sensation to light touch in the C5, C6, C7, CA, and T1 dermatomes in both upper extremities as well as reduced strength. Diagnoses include status post bilateral carpal tunnel release, de Quervain's tenosynovitis, and bilateral wrist internal derangement. The treatment plan recommends the use of medication, x-rays, a TENS unit, shockwave therapy, acupuncture, chiropractic care, a functional capacity evaluation, MRI of the right and left wrist, EMG nerve conduction study, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation for the bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines , 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, the most recent physicians report request numerous diagnostic and treatment modalities. Therefore, it does not appear that the patient is at or close to maximum medical improvement. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.