MAXIMUS Federal Services

Case Number:	CM14-0036611		
Date Assigned:	06/25/2014	Date of Injury:	05/26/2011
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 43 year-old male machine operator sustained a repetitive motion injury on 5/26/11 while employed by [redacted]. Request(s) under consideration include Functional capacity evaluation. Report of 3/5/14 from the provider noted the patient with ongoing and increasing pain in the wrists and hands; otherwise his pain and functioning are unchanged. Medications list Omperazole and Naprosyn. There are no medical or surgical history. Exam showed tenderness to the right forearm flexors; ROM of bilateral hands, wrists, and forearms are full; no swelling or erythema; no limitations in motions at MCP, DIP and PIP of all fingers; normal capillary; negative Finkelstein's test. Diagnoses incude Tenosynovitis of hand and wrist. EMG/NCV of 11/18/12 showed normal study without evidence of bilateral carpal, radial or cubital tunnel syndromes or cervical radiculopathies. Treatment plan included FCE, medications, and MMI. The patient has not worked since November 2011. Request(s) for Functional capacity evaluation was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

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 ACOEM Chapter 7, page 137-138.

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(s) 137-138.

Decision rationale: Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.