

Case Number:	CM14-0036935		
Date Assigned:	06/25/2014	Date of Injury:	06/23/2010
Decision Date:	07/23/2014	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 33 year-old patient sustained an injury on 6/23/10 while employed by the [REDACTED]. The request under consideration include Functional capacity evaluation for bilateral wrists. The report of 2/26/14 from the provider noted the patient with complaints of constant severe wrist radiating pain with associated numbness aggravated by driving and use of arms. Exam showed tenderness to bilateral wrists and thenar eminences; spasm; positive Bracelet and Tinel's bilaterally. Diagnoses include carpal tunnel syndrome and tendinitis. Conservative care has included medication, physical therapy, and activity modification. Apparently, work up is still in progress for CTS confirmation. A request for functional capacity evaluation for bilateral wrists was non-certified on 3/13/14 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 for bilateral wrists: 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, Page 137-138 and ODG, Fitness for Duty Chapter.

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 137-138.

Decision rationale: This 33 year-old patient sustained an injury on 6/23/10 while employed by the [REDACTED]. The request under consideration include Functional capacity evaluation for bilateral wrists. The report of 2/26/14 from the provider noted the patient with complaints of constant severe wrist radiating pain with associated numbness aggravated by driving and use of arms. Exam showed tenderness to bilateral wrists and thenar eminences; spasm; positive Bracelet and Tinel's bilaterally. Diagnoses include carpal tunnel syndrome and tendinitis. Conservative care has included medication, physical therapy, and activity modification. Apparently, work up is still in progress for CTS confirmation. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. 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 for bilateral wrists is not medically necessary and appropriate.