

<b>Case Number:</b>	CM14-0043317		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral wrist pain reportedly associated with an industrial injury of August 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier right carpal tunnel release surgery; and at least one prior functional capacity evaluation of January 31, 2014. In a Utilization Review Report dated March 12, 2014, the claims administrator seemingly denied a second functional capacity evaluation. The applicant's attorney subsequently appealed. In a December 19, 2013 progress note, the applicant reported ongoing complaints of bilateral wrist pain status post right carpal tunnel release surgery, along with ongoing complaints of neck and low back pain. Highly variable 1-9/10 pain was noted. It was suggested that the applicant was not working. It was stated that a functional capacity evaluation would be employed to objectify the applicant's limitations.

### 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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluations can be considered when necessary to translate an applicant's medical impairment into limitations and restrictions, in this case, however, little to no rationale accompanied the request for authorization for a repeat FCE. The applicant, moreover, is no longer working as a social worker, it has been suggested above. The applicant does not appear to have a job to return to. It is not clear what role formal quantification of the applicant's abilities and capabilities would play in the clinical and vocational context present here. Therefore, the request is not medically necessary.