

<b>Case Number:</b>	CM14-0058762		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 is a 37-year-old gentleman with a date of injury of 7/19/12. Mechanism of injury was a twisting motion at bilateral hands caused by a using a power drill to drill holes in concrete. He was diagnosed with a hand sprain/strain and right thumb sprain. He had conservative care, and was initially released back to full duty. Due to persistent symptoms, the patient eventually had work restriction recommendations. Later evaluations reveal that the patient began having left shoulder and low back pain. As of 4/02/14, the patient remained symptomatic and on work restriction. An FCE was recommended, and this was submitted to Utilization Review. An adverse decision was rendered on 4/22/14. The treating physician appealed this decision on 4/24/14, stating that the patient was nearing maximal medical improvement, and an FCE was to assist in determining what permanent work restrictions may be necessary to promote work status without further aggravation of injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

**Decision rationale:** Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, the patient was approaching maximal medical improvement, and despite extensive treatment to date, remained on modified work duty. An FCE was recommended to assist in determining permanent work restrictions. A Functional Capacity Evaluation was medically necessary.