MAXIMUS Federal Services

Case Number:	CM14-0059165		
Date Assigned:	07/09/2014	Date of Injury:	02/07/2012
Decision Date:	09/10/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	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 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 wrist and knee pain reportedly associated with an industrial injury of February 7, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; earlier functional capacity testing; reported diagnosis with carpal tunnel syndrome via electrodiagnostic testing of November 16, 2013; unspecified amounts of work conditioning over the course of the claim; a TENS unit; and extensive periods of time off of work.In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for a functional capacity evaluation, invoking non-MTUS ODG Guidelines despite the fact that the MTUS did address the topic.The applicant's attorney subsequently appealed.It appears that the applicant underwent some kind of functional capacity testing on March 13, 2014, the results of which were not clearly reported.In an earlier progress note of February 7, 2014, the applicant presented with persistent complaints of wrist and knee pain following earlier work conditioning. The applicant was placed off of work, on total temporary disability, and asked to obtain six additional sessions of work conditioning followed by functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have a job to return to. It is not clear what role functional capacity evaluation to quantify the applicant's impairment would serve, in this context. Therefore, the request is not medically necessary.