MAXIMUS Federal Services

Case Number:	CM14-0060463		
Date Assigned:	07/09/2014	Date of Injury:	09/14/2009
Decision Date:	08/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is 48 year-old female who reported an injury on 09/14/2009 which reportedly occurred from repetitive gripping, grasping and reaching below the shoulder level. As a result the injured worker developed right wrist triangular fibrocartilage complex rear, right wrist carpal tunnel syndrome in addition to left wrist//hand sprain/strain, rule out carpal tunnel. Prior treatments included, physical therapy, comprehensive permanent, EMG/NCV, MRI, surgery, occupational therapy, injections and stationary psychological evaluation. On 04/07/2014, it was noted the injured worker was a candidate for a right wrist carpal tunnel release, however the surgery was denied. It was stated the injured worker was working, however, not full-time as a result of her injury. Within the documentation it was noted on 04/10/2014 a functional capacity evaluation revealed the injured worker had was unable to turn an object or pick up a nut using her right hand. There was increased pain that radiated down her right arm when reaching. The final recommendation of the functional capacity evaluation revealed the injured worker should not return to work. On 04/14/2014, the injured worker underwent a Computerized ROM and Muscle Test which revealed impairment of the whole person rated 25%. On 04/21/2014 the injured worker complained of right wrist/hand pain with swelling. It was the noted the claimant reported constant pain was constant of an aching quality which was rated 3-9/10. There was swelling to the left wrist/hand pain level was a 4/10. Medication regimen included Vicodin. The diagnoses included carpal tunnel syndrome and sprain of the wrist/hand. The provider recommended a functional capacity evaluation in order to determine any factors that would prevent the injured worker from returning to work in her usual and customary position. The authorization for request was not submitted for this review.

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 (ODG), Treatment Index, 12th Edition (web), 2014, Fitness for Duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Guidelines state final functional capacity evaluation it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. On 04/7/2014 it was noted the injured worker was a candidate for a right wrist carpal tunnel release, however was denied twice by the insurance company. It was stated the injured worker is working, however, not full-time as result to her injury. Within the documentation it was noted on 04/10/2014 a functional capacity evaluation revealed the injured worker had was unable to turn an object or pick up a nut using her right hand. It was noted the injured worker had increased pain that radiated down her right arm when reaching. The final recommendation of the functional capacity evaluation revealed the injured worker should not return to work. On 04/14/2014 the injured worker underwent a Computerized ROM and Muscle Test revealed impairment of the whole person 25%. In addition, there is no documentation provided indicating the injured worker failed conservative care such as, physical therapy, functional limitations or failed medication treatments. Furthermore, it was documented that the injured worker was working, however, not full-time. Given the above, the request for a final functional capacity evaluation is not medically necessary and appropriate.