

<b>Case Number:</b>	CM14-0075002		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 patient is a 52-year-old male who was injured on 08/07/2013. The mechanism of injury is unknown. The patient underwent right radius ORIF fracture and carpal tunnel release on the right on 08/26/2013. Diagnostic studies reviewed include EMG dated 03/05/2014 of the right upper extremity revealed normal study. NCS revealed normal study. Progress report dated 03/13/2014 states the patient complained of right hand and wrist pain and paresthesias. The patient reported that he had a FCE. He reported good results with omeprazole and Diclofenac. On exam, he has no erythema or swelling of the right wrist. Right grip strength is 4+/5. Diagnoses are wrist injury/fracture and pain in the wrist joint. There is an indication that a FCE may have been done as it is documented that they are awaiting FCE report and there is a request per RFA dated 04/30/2014 for a FCE. Prior utilization review dated 05/08/2014 states the request for 1 Functional capacity evaluation is not certified, as there was no indication that modified work was unsuccessful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 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, Fitness for duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation.

**Decision rationale:** According to MTUS guidelines, there is little evidence to show that Functional Capacity Evaluations (FCE's) predict an individual's ability to perform in the work place. Routine use is not recommended. They may be recommended prior to a Work Hardening program. According to ODG guidelines, Functional Capacity Evaluations may be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting reporting regarding work restrictions, or injuries that require detailed exploration of a worker's abilities. Also, timing should be appropriate such that a patient is close or at MMI, and secondary conditions have been clarified. An FCE should not be done if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work, and an ergonomic assessment has not been arranged. In this case a request is made for an FCE to "objectively evaluate restrictions" for a 52-year-old male injured on 8/7/13 status post right radius ORIF and carpal tunnel release on 8/26/13. However, the patient is not awaiting a Work Hardening program nor do there appear to be complex issues such as unsuccessful return to work attempts or injuries that require detailed exploration of abilities. The patient has a normal exam other than mild weakness. Medical necessity is not established. Therefore the request is not medically necessary.