

Case Number:	CM14-0082173		
Date Assigned:	07/21/2014	Date of Injury:	10/25/2011
Decision Date:	09/18/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Pain Management. 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 36 year-old male with a 10/25/11 date of injury, when a heavy fire panel fell on his arm. The patient was diagnosed with contusion and was given a wrist splint. The patient was seen on 5/15/14 for the comprehensive visit with complaints of flare-up pain and discomfort involving his right wrist and hand. He stated that the pain was uncomfortable and was waking him up at night. The patient stated that the current medications were not sufficient to control his pain and discomfort and he wished to go back to his old medications. Exam findings revealed local tenderness in the right wrist and hand associated with local swelling. The range of motion in the upper extremities was near full range. The patient was encouraged exercise and to continue his work with less use of the right hand. The diagnosis is right upper extremity myofascial pain syndrome, right wrist sprain/strain, right forearm contusion, right wrist ganglion cyst and right wrist tendonitis. Treatment to date: splinting, work restrictions, physical therapy, exercises, acupuncture, TENS unit and medications. An adverse determination was received on 05/28/14 given that there was no information regarding specific therapeutic plans, which could benefit from the findings of a Functional Capacity evaluation.

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 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines, FCE Functional Capacity evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The progress note dated 5/15/14 stated that the patient was currently working with restrictions. The physical examination revealed almost full range of motion in his both upper extremities. There is no rationale with regards to the patient's need for the Functional Capacity evaluation. Therefore, the request for Functional Capacity evaluation was not medically necessary.