

<b>Case Number:</b>	CM14-0084005		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

The underlying date of injury in this case is 09/13/2011. The reported primary diagnosis is 718.43. On 02/07/2014, the patient underwent a complex orthopedic evaluation. The patient was noted to have a history of contracture of the left wrist and possible carpal tunnel syndrome and possible internal derangement of the wrist. An MR arthrogram of the left wrist was recommended to rule out a triangular fibrocartilage tear. By 04/25/2014, the treating physician indicated that he was awaiting authorization of a diagnostic arthroscopy of the left wrist. The treating physician prescribed diclofenac and omeprazole and tramadol. The treating physician recommended a functional capacity assessment with the rationale that the patient was reaching maximum medical benefit and that a functional capacity assessment would be needed to determine an accurate impairment rating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity assessment to determine accurate impairment rating: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, pages 137-138; Official Disability Guidelines, Fitness for Duty Chapter, functional capacity evaluation (FCE) Chapter, Guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Work Hardening Page(s): 125.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses functional capacity evaluations in the context of work hardening on page 125. A Functional Capacity Evaluation is recommended after a patient has reached a plateau with traditional physical therapy and when there are questions regarding the patient's ability to return to a specific job of medium or higher physical capability. At this time, the medical records do not indicate that this patient has plateaued in treatment. To the contrary, the treating physician reports awaiting authorization for further diagnostic testing via diagnostic arthroscopy of the wrist. The records additionally do not discuss a plan for return to a specific job, and therefore a Functional Capacity Evaluation would not be recommended by the guidelines in that setting. However, most notably, the stated purpose of requesting a Functional Capacity Evaluation at this time is to determine an accurate impairment rating. There is no discussion in the treatment guidelines with regard to how a Functional Capacity Evaluation could be used to determine an impairment rating. An impairment rating is determined in a separate process by a physician history and physical examination in order to apply specific impairment evaluation guidelines. Therefore, for multiple reasons, the request for a functional capacity assessment is not indicated at this time. It is not supported by the treatment guidelines. This request is not medically necessary.