

<b>Case Number:</b>	CM14-0000456		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 31-year-old male with an injury date of 05/03/2012. Based on the 09/11/2013 progress report, the patient complains of having right wrist pain. He has increased pain associated with a burning sensation and sensitivity in his right hand. His right wrist range of motion is approximately 50% secondary to pain. There is tenderness noted on the volar aspect, particularly over the carpal tunnel incision. Sensation appears to be intact to light touch, though subjectively slightly diminished in the median nerve distribution. The 09/25/2013 indicates that the patient has tingling mainly at night and minimal during the day on his right wrist. Physical findings revealed dorsiflexion is 40 degrees, volar flexion is 60 degrees, supination and pronation are full. The 11/13/2013 report states that the patient continues to have pain in the right wrist. His wrist feels weak. His grip remains weak. The patient's diagnoses include the following: Status post intraarticular fracture, right distal radius, healed. Status post right carpal tunnel release. Pillar pain. The utilization review determination being challenged is dated 12/09/2013. Treatment reports were provided from 07/15/2013-11/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE (Functional Capacity Evaluation):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM

**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, page 137, Functional Capacity Evaluation.

**Decision rationale:** Based on 11/13/2013 progress report, the patient presents with pain in his right wrist and weakness in his right wrist. The request is for a functional capacity evaluation. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The 11/13/2013 report states that the patient has modified work duty. "No repetitive use of right hand, no forceful gripping with right hand, no lifting over 25 pounds." In this case, it is unknown if the request was from the employer or the provider. There are no discussions provided regarding the goals of a functional capacity evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation, and the provider does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested Functional Capacity Evaluation is not medically necessary.