

<b>Case Number:</b>	CM14-0143629		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/05/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials: State(s) of Licensure: Texas, Illinois  
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 a 39 year old male who sustained an industrial injury on October 5, 2003. He reported right wrist pain. The injured worker was diagnosed as having right wrist sprain/strain, rule out right carpal tunnel syndrome, right forearm pain and right wrist post fracture. Treatment has included diagnostic studies, physical therapy and chiropractic care, medications and work restrictions. Currently, the injured worker complains of right forearm/wrist pain. It was noted x-ray studies revealed a healed previous fracture of the forearm. Evaluation on January 22, 2014, revealed occasional soreness of the right wrist in cold weather and otherwise no pain in the right wrist. He was released to return to work; however, the pain continued and further work modifications were ordered. Evaluation on August 20, 2014, revealed continued pain. The plan was to continue chiropractic care, have further diagnostic studies and to undergo a functional capacity evaluation (FCE).

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Fitness For Duty Guidelines for performing (FCE) Chapter 6 ACOEM Functional Capacity Evaluations (FCE) 2 Ed. P. 137-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

**Decision rationale:** The injured worker sustained a work related injury on October 5, 2003. The medical records provided indicate the diagnosis of right wrist sprain/strain, rule out right carpal tunnel syndrome, right forearm pain and right wrist post fracture. Treatment has included diagnostic studies, physical therapy and chiropractic care, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. Although the MTUS referenced Functional Capacity Evaluation, the Official Disability Guidelines is more detailed. One of the Guideline requirements for functional capacity evaluation is that it be done as close to maximal medical improvement as possible; however, the records indicate conflicting diagnosis between the primary and secondary treating doctors, the injured worker has been referred for nerve studies. All these point to the fact that the diagnosis is uncertain and the injured worker has not reached maximal improvement. Also, though the guidelines recommend job specific FCE (Functional Capacity Evaluation), there is no indication from the records reviewed that the injured worker's specific job was taken into account. Therefore, the requested treatment is not medically necessary.