

Case Number:	CM14-0177025		
Date Assigned:	10/30/2014	Date of Injury:	09/29/2011
Decision Date:	01/08/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/27/2014

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 & 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:

This patient's underlying date of injury is 09/29/2011. The mechanism of injury is that the patient tripped over a pallet while carrying a 30-pound box and hit his right hand on a rack. Diagnoses included right wrist injury with a prior non-united fracture of the right wrist with degenerative changes. The patient was seen for qualified medical examination 05/15/2014; the orthopedic evaluator concluded the patient had reached maximum medical improvement with regard to his left shoulder but was not permanent and stationary regarding cervical spine and right wrist injuries, with consideration of possible carpal tunnel release and possible right wrist fusion. Diagnoses were noted to include possible cervical disc lesion, thoracic disc protrusion, lumbar radiculopathy, and left shoulder impingement, left shoulder internal derangement, left shoulder impingement syndrome, right carpal tunnel syndrome, and right de Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Initial Evaluation to Assess Patient Ability to Return to Work:

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 Guidelines for Performing an FCE

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses functional capacity evaluations in the context of work conditioning/work hardening, page 125. These guidelines recommend a functional capacity evaluation when a patient has plateaued in physical medicine treatment and when there is concern about the patient's ability to return to a specific job of medium or higher physical demand. The medical records in this case do not discuss such a plateau in treatment and do not discuss a specific proposed return to work plan. Thus, the medical records and guidelines do not provide a basis to support an indication for a functional capacity evaluation. This request is not medically necessary.

Work Conditioning X 12 Sessions Cervical, Thoracic, Lumbar Spine, Left Shoulder, Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 125, discusses work conditioning as indicated after a patient has plateaued in physical medicine treatment, with functional capacity evaluation demonstrating inability to return to a specific job. The medical records in this case do not document such a plateau in function and do not indicate specific return to work plans. This request is not supported by the treatment guidelines. This request is not medically necessary.