

<b>Case Number:</b>	CM14-0197113		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, wrist, and forearm pain reportedly associated with an industrial injury of May 20, 2014. In a Utilization Review Report dated October 24, 2014, the claims administrator denied a request for a functional capacity evaluation. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines were invoked in favor of MTUS Guidelines here. The claims administrator also referenced an October 17, 2014 progress note in its determination. The claims administrator contended that the applicant was off of work, on total temporary disability through the date of the request, October 17, 2014. The applicant's attorney subsequently appealed. On June 5, 2014, the applicant was described as off of work, on total temporary disability, some 16 days status post an incision and drainage and open reduction and internal fixation of right radial open shaft fracture. The applicant was using Percocet and Keflex as of this point in time, it was acknowledged. The claims administrator medical evidence log, it is incidentally noted, referenced a variety of clinical progress notes interspersed throughout May 2014, as well as Utilization Review Reports dated July 9, 2014 and October 24, 2014. It did not appear, thus, that the October 17, 2014 progress note made available to claims administrator was incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation to evaluate right forearm/wrist/arm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition Independent Medical Examinations and Consultation Chapter ODG Fitness For Duty Chapter, functional capacity evaluation (FCE) chapter Guidelines for performing an FCE

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant was/is off of work, on total temporary disability, the claims administrator and attending provider have both seemingly suggested. It is not clear why functional capacity testing is, thus, being sought in the clinical and vocational context present here, although it is acknowledged that the October 17, 2014 progress which the claims administrator incorporated into its decision was not incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.