

Case Number:	CM14-0201945		
Date Assigned:	12/12/2014	Date of Injury:	07/09/2011
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 40-year-old gentleman with a date of injury of 07/09/2011. Treating care provider notes dated 09/08/2014 and 10/07/2014 indicated the worker was experiencing right leg pain and lower back pain. Documented examinations described positive left Phalen's and Tinel's signs, positive left compression testing, mild muscle loss at the base of the left thumb, and problems walking. The submitted and reviewed documentation concluded the worker was suffering from left carpal tunnel syndrome, left arm numbness with an aortic stent, and right finger #4 numbness. Treatment recommendations included a functional capacity evaluation, a left wrist splint, an electric scooter, shoe orthotics, and follow up care. A Utilization Review decision was rendered on 11/03/2014 recommending non-certification for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-22, 80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing right leg pain and lower back pain. There was no discussion detailing the reason(s) a functional capacity evaluation was needed in this case or documentation of circumstances that would otherwise sufficiently support this request. In the absence of such evidence, the current request for a functional capacity evaluation is not medically necessary.