

Case Number:	CM14-0203619		
Date Assigned:	12/16/2014	Date of Injury:	02/24/2013
Decision Date:	01/31/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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, and is licensed to practice in New York. 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 is a 43 year old female who suffered an industrial related injury on 2/24/13 after lifting a box. A physician's report dated 10/9/14 noted the injured worker was not working. The injured worker had complaints of right shoulder pain, right wrist pain, right hand pain with tingling, and neck pain. The physical examination revealed no neck pain with range of motion. There was no tenderness at the acromioclavicular joint, bicipital groove or rotator cuff regions. Right scapular musculature was tender to palpation. Shoulder range of motion was normal and Hawkins and impingement tests were negative. The right wrist/forearm examination revealed generalized and diffuse right wrist tenderness. Tinel's sign, Phalen's sign and reverse Phalen's sign were negative. Finkelstein's test was negative bilaterally. Examination of the hands revealed no evidence of wasting of the intrinsic or thenar or hypothenar atrophy. Right and left thumbs and all fingers of both hands had full flexion and extension. No local tenderness or soft tissue swelling was present. Diagnosis included right wrist/hand sprain/contusion with persistent subjective pain and paresthesia, right wrist lunate degenerative arthritis, possible right shoulder strain, slight acromioclavicular osteoarthritis, anxiety, depression, and insomnia. The injured worker was considered permanent and stationary. On 11/10/14 the utilization review (UR) physician denied the request for a functional capacity evaluation. The UR physician noted the injured worker is still under consideration for the right wrist treatment, therefore the injured worker is not a maximum medical improvement and the timing is not right per the Official Disability Guidelines recommendations.

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 (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation (FCE) Page(s): 125-126.

Decision rationale: There is no indication for a FCE per the reviewed guidelines. There is no documentation of any specific objective findings suggesting decreased range of motion of the shoulder. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances that provide an indication of that individual's abilities. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. In this case, the claimant is still under consideration for right wrist treatment, therefore the claimant is not at maximal medical improvement. There is no specific indication for a FCE at this time. Medical necessity for the requested service has not been determined. The requested service is not medically necessary.