

Case Number:	CM14-0210802		
Date Assigned:	12/23/2014	Date of Injury:	03/21/2014
Decision Date:	02/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/16/2014

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 40 year-old patient sustained an injury to the right hand on 3/21/14 from raking cans as part of normal duties and felt a cramp while employed by [REDACTED]. Request(s) under consideration include Objective Functional Capacity Exam. Diagnoses include Right wrist/ Hand joint pain. Conservative care has included medications, diagnostic, and modified activities/rest. Report from the provider noted continued right hand pain radiating to the forearm along with right wrist pain. Exam showed unchanged findings of tenderness at right wrist crease; no atrophy noted; normal range of motion in wrist flexion/extension with 5/5 motor strength on left compared to 4/5 on right abductor pollicis brevis wrist area. The request(s) for Objective Functional Capacity Exam was non-certified on 12/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Objective Functional Capacity Exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: This 40 year-old patient sustained an injury to the right hand on 3/21/14 from raking cans as part of normal duties and felt a cramp while employed by [REDACTED]. Request(s) under consideration include Objective Functional Capacity Exam. Diagnoses include Right wrist/ Hand joint pain. Conservative care has included medications, diagnostic, and modified activities/rest. Report from the provider noted continued right hand pain radiating to the forearm along with right wrist pain. Exam showed unchanged findings of tenderness at right wrist crease; no atrophy noted; normal range of motion in wrist flexion/extension with 5/5 motor strength on left compared to 4/5 on right abductor pollicis brevis wrist area; positive Tinel's at right wrist and elbow. Treatment plan include consideration of injection, continued medications, bracing, and home exercise. The request(s) for Objective Functional Capacity Exam was non-certified on 12/10/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for injection interventions. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Objective Functional Capacity Exam is not medically necessary and appropriate.