

Case Number:	CM14-0213199		
Date Assigned:	12/30/2014	Date of Injury:	05/21/2014
Decision Date:	04/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old who has filed a claim for hand and wrist pain reportedly associated with an industrial contusion injury. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator referenced on October 29, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant was returned to regular duty work. The applicant's hand pain was apparently generating some difficulty with gripping and grasping tasks. Naprosyn and Prilosec were endorsed. No clear rationale for the functional capacity testing was furnished.

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 cite any medical evidence for its decision.

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

Decision rationale: No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation may be considered when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant had been returned to regular duty work as of the date of the request, October 29, 2014, seemingly obviating the need for the functional capacity testing in question. It was not clear why functional capacity testing was being sought in the face of the applicant's already-successful return to regular duty work. Therefore, the request was not medically necessary.