

<b>Case Number:</b>	CM14-0061017		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who reported injury on 10/01/2013. Prior therapies included physical therapy. The diagnoses included carpal tunnel syndrome and arthropathy NOS hand. The injured worker underwent an MRI of the left wrist. Injured worker underwent physical therapy. The documentation of 01/21/2015 revealed the injured worker had complaints of constant moderate achiness in the left wrist. The injured worker had complaints of occasional minimal achy left hand, finger and thumb pain. The physical examination revealed decreased range of motion of the left wrist. There was tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist and volar wrist. The Tinel's and Phalen's test were positive. The carpal compression test was positive. The range of motion of the left hand, fingers and thumb were within normal limits. The treatment plan included chiropractic and physiotherapy 2 days a week for 4 weeks for additional therapy, an EMG/NCV of the bilateral upper extremities due to deteriorating neurologic condition, and a functional capacity evaluation initial to ensure the injured worker could safely meet the demands of their occupation. Additionally, a request was made for a wrist brace and splint. There was no Request for Authorization submitted for review.

### 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:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

**Decision rationale:** The American College of Occupational and Environmental Medicine Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had an unsuccessful attempt to return to work and it was indicated the injured worker needed a detailed exploration of her abilities. However, there was a lack of documentation indicating the injured worker was close to maximum medical improvement, and that all additional or secondary conditions had been clarified. Given the above, the request for functional capacity evaluation is not medically necessary.