

<b>Case Number:</b>	CM15-0007336		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/15/2004
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 64 year old female, who sustained a work related injury on 2/15/04. The diagnoses have included left long finger triggering, osteoarthritis right and left wrist, carpal tunnel syndrome, and pain in wrists. Treatments to date have included x-rays, oral medications, pain cream and gel. The injured worker complains of pain and stiffness in bilateral hands and wrists. She states the pain is slightly better. She is noted to have decreased tenderness of bilateral hands and wrists. On 12/26/14, Utilization Review non-certified a request for a functional capacity evaluation, There was a lack of supporting documentation. Request will be reconsidered with receipt of requested information.

### 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 1 Prevention, Chapter 12 Low Back Complaints Page(s): 12, 21. Decision based on Non-MTUS Citation Fitness for Duty section, Functional capacity evaluation (FCE)

**Decision rationale:** The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a workers abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a workers effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, she was able to return to modified work, but continued to experience some pain and stiffness in her hands and wrists, albeit less so recently. She was unable to return to full duty due to the difficulty. Her provider thought that she was near maximal improvement and requested a functional capacity evaluation. However, there was insufficient information provided such as what the job description and duties were, what attempts and difficulties regarding full or even modified duty took place. The FCE will be considered medically unnecessary without this information and due to the likelihood that a preplacement examination and ergonomic assessment would be sufficient to help prevent future injury or worsening of her condition.