

<b>Case Number:</b>	CM15-0010087		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/04/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California

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 female patient, who sustained an industrial injury on 02/04/2014. A primary treating office visit dated 11/26/2014 reported subjective findings showing right hand/wrist with frequent moderate pain described as a burning sensation that was aggravated by gripping, grasping and lifting. The pain also radiated to her right shoulder and was associated with parasthesias over the right upper extremity. She also reported swelling of the fingers. Physical examination found right wrist noted with surgical scar; plus three spasm, tenderness to the right anterior wrist along with the right posterior extensor tendons. Tinel's noted with positive results for both carpal/Guyon on the right. Bracelet test was also found positive on the right. She was diagnosed with aftercare for surgery of the musculoskeletal system; right carpal fracture. In addition the diagnosis of carpal sprain/strain of the right wrist was given. Prior treatment noted to include; 18 acupuncture sessions. She is prescribed the following medication; Naprosyn. A request was made for a Functional Capacity Evaluation during this visit. On 12/17/2014 Utilization Review non-certified the request noting the American College of Occupational and Environmental Medicine Chapter 7, Independent Medical Examination/Consultation and the Official Disability Guidelines, fitness for Duty. The injured worker submitted an application for independent medical review of services requested on 01/16/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation 97670: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** Per submitted reports, 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, without functional change. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCE's 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 Functional Capacity Evaluation 97670 is not medically necessary and appropriate.