

Case Number:	CM15-0139223		
Date Assigned:	07/29/2015	Date of Injury:	12/19/2012
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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, Hawaii

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 male, who sustained an industrial injury on 12/19/2012. Diagnoses include left pantrapezial osteoarthritis status post left carpal tunnel release and cubital tunnel release. Treatment to date has included surgical intervention (left carpal tunnel release and cubital tunnel release on 4/23/2014), as well as conservative measures including work restrictions, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 7/06/2015, the injured worker reported continued gradual improvement after surgery. Physical examination revealed no change. Per the most recent documented physical examination dated 3/23/2015, he had smooth motion with no grind. C-rays reveal no change from previous. The plan of care included, and authorization was requested, for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy Functional Capacity Evaluation Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent medical examination and consultation Pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 137.

Decision rationale: The records indicate the patient has continued wrist pain following surgery. The current request is for Physical Therapy Functional Capacity Evaluation QTY: 1. The treating physician states that the patient is status post left carpal tunnel release, cubital tunnel release, and STT and basal joint arthroplasty. He notes the patient is reaching MMI. "He will have a FCE to determine his permanent work restrictions." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not provide justification as to why the FCE is crucial, and the employer or the claims administrator does not request the FCE. As such, the request for FCE is not medically necessary.