

Case Number:	CM15-0140727		
Date Assigned:	08/05/2015	Date of Injury:	01/19/2015
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 injured worker is a 51 year old male, who sustained an industrial injury on January 19, 2015. He reported bilateral shoulder and bilateral hand pain. The injured worker was diagnosed as having forearm, hand and palm contusions. Treatment to date has included x-rays, medication, physical therapy, electrodiagnostic study, hand braces and carpal tunnel injection. Currently, the injured worker complains of bilateral shoulder pain that radiates down both arms to his hands and is rated at 8 on 10 accompanied by stiffness and popping. The pain is aggravated by rotation, reaching overhead, lifting, carrying, pushing and pulling. He reports bilateral hand and wrist pain accompanied by numbness, tingling, weakness, grip loss and a burning sensation when he washes his hands. The pain is aggravated by repetitive movement, grasping, gripping, pushing, pulling and opening jars. The injured worker is currently diagnosed with hand and forearm contusion and carpal tunnel syndrome. His work status is modified duty. A note dated May 20, 2015 from a physical therapy appointment, states the injured worker has improved manually assisted range of motion and limited mobility with active (self) range of motion. A physical therapy note dated May 22, 2015, states his finger mobility is greatly improved and the injured worker experiences continued hypersensitivity at the first bone of the middle finger on his right hand. A progress note dated April 20, 2015 states the injured worker experienced improvement from the carpal tunnel injection. Electrodiagnostic testing was positive for bilateral carpal and cubital tunnel syndrome. A hand specialty consultation is pending. Bilateral Dupuytren contractions are present. MMI status has not been reached. The following, bilateral hand MRI, to aid in further diagnosis, and Initial functional capacity evaluation for bilateral forearms and hands are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Bilateral Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist hand/Magnetic Resonance Imaging.

Decision rationale: Guidelines do not support MRI studies of the wrist or hand unless there is reasonable clinical evidence of an occult fracture, ligament tear or neoplasm. At this point in time, this individual is not described to have and historical or exam findings that support any of these diagnosis. He does have a confirmed diagnosis of carpal tunnel and cubital tunnel, but MRI studies generally do not add any additional information to this clinical situation. The request for bilateral MRIs of the wrists and hands is not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guidelines. The MRIs (Magnetic Resonance Imaging) of the Bilateral Hands/Wrists are not medically necessary.

Initial FCE (functional capacity evaluation), Bilateral Forearms/Hands: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty, Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

