

<b>Case Number:</b>	CM15-0143992		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Emergency 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 27 year old female, who sustained an industrial injury on May 21, 2014, incurring right thumb injuries after jamming the thumb on a piece of metal. She was diagnosed with a right hand and wrist sprain. She had other industrial accidents on June, 11, 2014, and November, 18, 2014, incurring wrist and little finger injuries. Treatment included X rays, bracing, pain medications, anti-inflammatory drugs, muscle relaxants, topical analgesic patches and cream, acupuncture and physical therapy. Currently, the injured worker complained of left wrist and shoulder burning. She noted left wrist, shoulder, right wrist, right thumb and right little finger pain and spasms. She also complained of numbness and muscle spasms in the right hand with loss of feeling, tingling and stiffness. The treatment plan that was requested for authorization included retrospective functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 pages 132-139.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12 and 81.

**Decision rationale:** As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries". While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE especially for carpal tunnel syndrome. FCE is not medically necessary.