

Case Number:	CM15-0145784		
Date Assigned:	08/06/2015	Date of Injury:	05/19/2014
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina

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 26-year-old female, who sustained an industrial injury on 5-19-2014. She reported pain in her right hand and wrist when pulling a door open toward her. The injured worker was diagnosed as having other tenosynovitis of hand and wrist, sprain of wrist, unspecified site, and pain in joint, forearm. Treatment to date has included diagnostics, physical therapy, bracing, and medications. On 5-21-2015, the injured worker complained of right wrist pain, rated 6 out of 10. Pain management for the right wrist was pending. She desired an injection, if possible. Medications included Neurontin and Voltaren gel. Work status was modified with restrictions. Exam noted Jamar testing on right (4-3-3) and tenderness at the right wrist flexor carpi ulnaris tendon. She received an injection to the right flexor carpi ulnaris tendon sheath. The treatment plan included a functional capacity evaluation (FCE) for the right wrist. The rationale was for a status of maximum medical improvement (MMI) after the FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test Function Capacity Evaluation, Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified; There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.