

Case Number:	CM15-0146690		
Date Assigned:	08/07/2015	Date of Injury:	02/20/2014
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 63-year-old female with a February 20, 2014 date of injury. A progress note dated June 4, 2015 documents subjective complaints (left wrist and thumb pain up to 3 out of 10), and current diagnoses (left wrist De Quervain's tenosynovitis). Objective findings related to the chief complaint were not documented for this date of service. Treatments to date have included extracorporeal shock wave therapy that improve symptoms, medications, and physical therapy. The treating physician documented a plan of care that included a final functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a final functional capacity evaluation, quantity: 1, date of service 05/21/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Pages 137-138.

Decision rationale: Pursuant to the ACOEM, retrospective request for a final functional capacity evaluation quantity #1 date service May 21, 2015 is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are left DeQuervain's tenosynovitis improved. The date of injury is February 20, 2014. Request for authorization is July 13, 2015. According to a May 6, 2015 progress note subjectively the injured worker complains of left wrist and thumb pain 1/10. The injured worker is improved after extracorporeal shockwave treatment. The injured worker decline orthopedic evaluation and additional physical therapy. The injured worker is scheduled for permanent and stationary status. The injured worker has improved since the last visit with increased mobility and decreased pain medication. There is no clinical indication or rationale for the functional capacity evaluation. Additionally, there is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on clinical information in the medical record and the peer-reviewed evidence- based guidelines, retrospective request for a final functional capacity evaluation quantity #1 date service May 21, 2015 is not medically necessary.