

Case Number:	CM15-0162372		
Date Assigned:	08/28/2015	Date of Injury:	02/21/2014
Decision Date:	10/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 59-year-old female, who sustained an industrial injury on February 21, 2014. The injured worker was diagnosed as having depression, status post right wrist surgery and De Quervain's tenosynovitis. Treatment to date has included X-rays, home exercise program (HEP), oral and topical medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit and home exercise program (HEP). A progress note dated July 8, 2015 provides the injured worker complains of right upper extremity pain rated 2 out of 10. She reports her mood is better. Physical exam notes right wrist decreased range of motion (ROM) and healed surgical scars. The plan includes paraffin bath, Transcutaneous Electrical Nerve Stimulation (TENS) unit, topical medication, Transcutaneous Electrical Nerve Stimulation (TENS) patches, functional capacity evaluation (FCE) and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute LLC Corpus Christi. TX; www.odg-twc.com: Section: Fitness for Duty (updated 04/27/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.