

Case Number:	CM15-0164120		
Date Assigned:	09/01/2015	Date of Injury:	04/07/2015
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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(n) 33 year old male, who sustained an industrial injury on 4-7-15. He reported pain in his right hand and wrist after a crush injury. The injured worker was diagnosed as having rule out right wrist internal derangement, rule out right wrist triangular fibrocartilage complex tear and rule out tear of extensor carpi ulnaris. Treatment to date has included physical therapy and a right wrist x-ray. As of the doctor's first report of injury dated 7-20-15, the injured worker reports pain in his right hand and wrist. Objective findings include right wrist tenderness to palpation dorsal-palmar-ulnar and radial aspects, decreased range of motion and a positive Tinel's sign. The treating physician requested a functional capacity evaluation.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration Page(s): 92.

Decision rationale: This 33 year old male has complained of right hand and wrist pain since date of injury 4/7/2015. He has been treated with physical therapy and medications. The current request is for a functional capacity evaluation. The available medical records do not contain documentation of attempts to return to work or specific work duties and requirements. Additionally, there is inadequate documentation of provider rationale for the request of a functional capacity evaluation. On the basis of the available medical records and per the MTUS guidelines cited above, functional capacity evaluation is not indicated as medically necessary.