

<b>Case Number:</b>	CM15-0201220		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Pain Management, Occupational 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 63 year old male, who sustained an industrial injury on 1-2-14. Current diagnoses or physician impression include post right radius diaphysis fracture, post open reduction internal fixation, post distal radius bone grafting, post left cubital tunnel release and post left carpal tunnel release. His work status is temporary total disability. A note dated 6-23-15 reveals the injured worker presented with complaints of right wrist pain. A physical examination dated 6-23-15 revealed "loose composite fist bilaterally", palpation of the wrist and elbows was deferred. Treatment to date has included hand therapy, psychotherapy, surgery; left carpal tunnel and cubital tunnel release, right radial open reduction internal fixation and distal radius bone grafting. Diagnostic studies included right wrist x-rays. A request for authorization dated 9-30-15 for functional capacity evaluation is denied, per Utilization Review letter dated 10-7-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 evaluations.

**Decision rationale:** ODG states that functional capacity evaluations may be useful in order to determine whether a patient is suitable for a specific job. This may be obtained at the discretion of the insurance company or employer. Otherwise, there is no specific need for a functional capacity evaluation if there is no suitable job for the patient. This patient's condition has been determined to be permanent and stationary and permanent work restrictions have already been provided. The medical records do not describe a specific job for which the patient is being considered. There is no specific indication for a functional capacity evaluation in this case or a need identified. This request for a functional capacity evaluation is not medically necessary.