

Case Number:	CM15-0205172		
Date Assigned:	10/22/2015	Date of Injury:	08/05/2013
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 38 year old male, who sustained an industrial injury on 08-05-2013. He has reported injury to the right wrist. The diagnoses have included pain in right wrist; hyperesthesia; and paresthesia of skin. Treatment to date has included medications, diagnostics, bracing, ice, heat, acupuncture, hand therapy, and home exercise program. Medications have included Diclofenac Sodium and Lidopro ointment. A progress report from the treating physician, dated 09-01-2015, documented a follow-up visit with the injured worker. The injured worker reported right wrist pain; the pain is rated as 7 out of 10 in intensity; the pain is moderate-severe, stabbing, and radiates to the right elbow and right forearm; the condition is associated with swelling; it is aggravated by cold environment, gripping, grasping, and movement of the injured part; relieving factors include medication, rest, and wearing the brace; with the current medication regimen, his pain symptoms are adequately managed; his pain level is a 6 out of 10 in intensity before medication, and afterwards drops down to 4 out of 10 in intensity. Objective findings included he is wearing the right wrist brace; inspection of the right wrist reveals swelling; Tinel's sign is positive; no tenderness is noted on palpation; painful range of motion with flexion, extension, radial and ulnar deviation, pronation, and supination; grip is 4 out of 5 on the right; digit extensor, wrist flexor, and wrist extensor are rated 4 out of 5 on the right; and hyperesthesia are present over medial forearm, lateral forearm on the right side. The treatment plan has included the request for functional capacity evaluation. The original utilization review, dated 10-13-2015, non-certified the request for 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

Decision rationale: The patient was injured on 08/05/13 and presents with right wrist pain. The request is for a Functional capacity evaluation. There is no RFA provided and the patient is on temporary total disability. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations, the employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally." The patient is diagnosed with pain in right wrist, hyperesthesia, and paresthesia of skin. Treatment to date has included medications, diagnostics, bracing, ice, heat, acupuncture, hand therapy, and home exercise program. The reason for the request is not provided. The 10/06/15 treatment reports states that the "patient had a FCE evaluation, stating he is unable to return to work." It is unclear why an additional functional capacity evaluation is requested for, given that the patient has recently had one. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. In this case, the patient has no intention of returning to work. Therefore, the request is not medically necessary.