

Case Number:	CM15-0022235		
Date Assigned:	02/11/2015	Date of Injury:	08/17/2013
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Emergency 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 55-year-old male, who sustained an industrial injury on 8/17/2013. He sustained a puncture injury to the right hand. The diagnoses have included carpal tunnel syndrome. He underwent carpal tunnel release on 11/20/2013. Treatment to date has included physical therapy, chiropractic care, surgical intervention, activity restriction and medications. Currently, the IW complains of pain and numbness in the right wrist and hand, rated as 2/10 on a VAS scale, decreased from 4/10 at the last visit. Objective findings included grade 2 tenderness of palpation of the right wrist and hand with restricted range of motion. This is improved from a grade 3 on the last visit. On 1/28/2015, Utilization Review non-certified a request for home exercise program (1x4) for the right wrist and hand and physical performance functional capacity evaluations, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 2/05/2015, the injured worker submitted an application for IMR for review of home exercise program (1x4) for the right wrist and hand and physical performance functional capacity evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise program 1 x 4 right wrist/hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The requested Home exercise program 1 x 4 right wrist/hand is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Page 46-47, Exercise, is recommended as part of a successful rehab program. The injured worker has right hand pain and numbness. The treating physician has documented tenderness of palpation of the right wrist and hand with restricted range of motion. The treating physician has not documented the medical necessity for further instruction for a transition to a home exercise program. Criteria noted above not having been met, Home exercise program 1 x 4 right wrist/hand is not medically necessary.

Physical performance 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, Occupational Medical Practice Guidelines, Second Edition 2004, Chapter 7, Page 511

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: The requested Physical performance functional capacity evaluation, is not medically necessary. CA ACOEM, Chapter 7, Pages 137-138, note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has right hand pain and numbness. The treating physician has documented tenderness of palpation of the right wrist and hand with restricted range of motion. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. Criteria noted above not having been met, Physical performance functional capacity evaluation is not medically necessary.