

Case Number:	CM15-0211429		
Date Assigned:	10/30/2015	Date of Injury:	10/02/2013
Decision Date:	12/14/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on 10-2-13. The injured worker reported left wrist and thumb pain. A review of the medical records indicates that the injured worker is undergoing treatments for left thumb and wrist pain, left possible intersection syndrome. Provider documentation dated 9-21-15 noted the work status as temporary totally disabled. Treatment has included corticosteroid injection to the left wrist, radiographic studies, Naproxen since at least June of 2015, Ibuprofen since at least June of 2015, left wrist magnetic resonance imaging (3-12-12), and left shoulder magnetic resonance imaging (3-12-12). Objective findings dated 9-21-15 were notable for left hand and wrist guarding, tenderness, numbness and tingling to all digits with full range of motion. The original utilization review (10-1-15) denied a request for Functional Capacity Exam for the left thumb and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Exam for the left thumb and wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 132-139; Official Disability Guidelines, Fitness for Duty Chapter.

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, Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in October 2013 and is being treated for left upper extremity pain. Diagnoses include possible intersection syndrome. In June 2015 an injection had been performed and surgery was being recommended. When seen, there was left wrist and thumb pain and numbness and tingling of all of the fingers of the left hand for the was 2-3 months. Physical examination findings included wrist and thumb tenderness with guarded range of motion. There was normal two point discrimination testing. A splint and second opinion were offered and declined. Temporary total disability was continued. The claimant is a kitchen worker requiring maximum lifting of up to 70 pounds. A functional capacity evaluation is being requested. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan and temporary total disability is being continued. The claimant has a medium-heavy work requirement. A Functional Capacity Evaluation could be recommended prior to admission to a Work Hardening (WH) Program, however, this is not being considered. A Functional Capacity Evaluation is not medically necessary.