

<b>Case Number:</b>	CM15-0030061		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 36-year-old female who sustained an industrial related injury on 9/19/13. The injured worker had complaints of right arm pain, wrist pain, and hand pain. Diagnoses included long term medication use, pain in limb, potential non-dependent abuse of drugs, mixed or unspecified drug abuse, and carpal tunnel syndrome. Treatment included physical therapy and use of a TENS unit. Medication included Tramadol, Naproxen, and Neurontin. The treating physician requested authorization for a functional capacity evaluation for the right wrist. The patient's surgical history included CTR on 12/27/13. The patient has had EMG in 2011 that revealed bilateral CTS. Per the doctor's note dated 10/29/14 patient had complaints of right arm pain at 7/10 that was radiating to fingers and elbow. Physical examination of the right hand revealed tenderness on palpation and positive Tinel and Phalen sign and painful ROM. She has had a urine drug toxicology report that was consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation of the right 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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pages 132-139), and the Official Disability Guidelines Fitness for Duty.

**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 (updated 09/23/14) Functional capacity evaluation (FCE).

**Decision rationale:** Request: Functional Capacity Evaluation of the right wrist. MTUS guideline does not specifically address this issue, hence ODG used. Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if; 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: "Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. Do not proceed with an FCE if; "The sole purpose is to determine a worker's effort or compliance." The worker has returned to work and an ergonomic assessment has not been arranged. Any criteria listed in the guidelines that would require a FCE was not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if" The sole purpose is to determine a worker's effort or compliance." Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Functional Capacity Evaluation of the right wrist is not fully established for this patient.