

Case Number:	CM15-0043944		
Date Assigned:	03/13/2015	Date of Injury:	02/22/2004
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 52-year-old female, who sustained an industrial injury on 2/22/2004. The mechanism of injury was not specified. The injured worker was diagnosed as having status post carpal tunnel release, status post left dorsal hand surgery, recurrent left carpal tunnel syndrome, left de Quervain's disease, and status post slip and fall with both hands outstretched on the dorsal surface. Treatment to date has included surgical (unspecified procedures and/or dates) and conservative treatments, including diagnostics, medications, and a failed spinal cord stimulator trial (removal 2/02/2015). Magnetic resonance imaging of the lumbar spine findings, dated 6/03/2014, were referenced in progress reports. Currently, the injured worker complains of numbness and tingling of the left thumb, index, and long fingers, and the inability to close the long finger. Physical exam noted unchanged findings. Current medications were not noted. The treatment plan included a Functional Capacity Examination to identify work limitations. The previous specialist progress report, dated 12/08/2014, noted no acute distress and no other objective findings. A pre-operative consultation report, dated 1/13/2015, noted medications as Perphenazine, Elavil, Fluvoxamine, Quetiapine, Tizanidine, Omeprazole, Temazepam, Cerefolin, and Gabapentin.

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to MMI with prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.