

Case Number:	CM15-0044221		
Date Assigned:	03/17/2015	Date of Injury:	12/08/2010
Decision Date:	10/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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:

This injured worker is a 43 year old female who reported an industrial injury on 12-8-2010. Her diagnoses, and or impression, were noted to include: right carpal tunnel syndrome, status-post endoscopic right carpal tunnel release (12-16-2014); and probable bilateral carpal tunnel syndrome; and left ulnar tunnel syndrome at the elbow. No current imaging studies were noted. Her treatments were noted to include: electrodiagnostic studies (8-18-14); surgery (12-2014); physical therapy (1-2015); a functional capacity examination on 2-20-2015; medication management with toxicology studies; and modified work duties. The progress notes of 2-4-2015 reported a follow-up evaluation, and that she had right carpal tunnel surgery scheduled for 2-16-2015. Objective findings were noted to include painful and decreased right grip strength. The physician's requests for treatments were noted to include referring the injured worker for a 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 American College of Occupational and

Environmental Medicine (ACOEM) Chapter 7 pp 132-139, Official Disability Guidelines (ODG), Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 137-139.

Decision rationale: The patient presents with pain in the right hand and the right wrist. The request is for functional capacity evaluation. Patient is status post right endoscopic carpal tunnel release, 12/16/14. Examination to the right hand on 01/13/15 revealed a full range of motion. Neurological testing was grossly intact distally. Patient's treatments have included physical therapy and home based exercise program. Per 12/22/14 progress report, patient's diagnosis includes status post endoscopic right carpal tunnel release. Patient's work status, per 02/04/15 progress report is modified duties. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not specifically mention this request. The patient's status post right endoscopic carpal tunnel release surgery, 12/16/14. In this case, the progress reports do not mention a request from the employer or claims administrator. There is no evidence that FCE information is crucial either. There is lack of evidence that these FCE's adequate predict a patient's actual ability to perform at work. Furthermore, review of the medical records provided indicate that the patient underwent a functional capacity evaluation on 02/20/15. The request does not meet guideline recommendations and therefore, is not medically necessary.