

<b>Case Number:</b>	CM15-0044451		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Pennsylvania, Ohio, 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:

The injured worker is a 32-year-old male, with a reported date of injury of 10/24/2013. The diagnoses include left thumb extensor pollicis longus (EPL) tendon laceration, right thumb tendon laceration, complex left wrist/hand laceration, residual left hand stiffness, weakness, and numbness, left wrist triangular fibrocartilage central tear, hand sprain, and De Quervain's tenosynovitis. Treatments to date have included repair of left thenar muscle laceration, repair of left EPL tendon, and repair of left thumb sensory nerve; physical therapy; an MRI of the upper extremity; and oral medications. The progress report dated 01/20/2015 indicates that the injured worker had continued discomfort and intermittent pain in his left wrist and hand. He rated the pain 3-4 out of 10. The objective findings include 100 % of abduction, 25% of normal flexion across the interphalangeal joint of the left thumb, decreased sensation to light touch across the dorsum of the left thumb and radial aspect of the left hand, and full left wrist range of motion. The treating physician requested one functional capacity evaluation for the left hand and wrist in anticipation of release from orthopedic care.

### 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), Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Functional Capacity Evaluation Page(s): 125.

**Decision rationale:** MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.