

<b>Case Number:</b>	CM15-0057315		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 47-year-old [REDACTED] employee who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of March 15, 2012. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve a request for a functional capacity evaluation while approving a follow-up office visit. Non-MTUS ODG Guidelines were invoked to deny the functional capacity evaluation. The claims administrator referenced a February 2, 2015 progress notes in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 2, 2015, the applicant reported ongoing complaints of hand, wrist, and thumb pain, exacerbated by gripping, grasping, and lifting. The applicant apparently exhibited 0 pounds of grip strength about the left hand versus 60 to 65 pounds of grip strength about the right hand. Several topical compounded medications, tramadol, and a functional capacity evaluation were endorsed. The applicant was, however, given a rather proscriptive 5-pound lifting limitation which, the attending provider acknowledged, the applicant's employer was likely unable to accommodate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualitative Functional Capacity Evaluation for the Left Thumb/Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** No, the request for a functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluations can be considered when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was seemingly off of work, on total temporary disability, as of the date of the request. A rather proscriptive 5-pound lifting limitation remained in place as of February 2, 2015. It did not appear that FCE in question would influence or alter the treatment plan. It was not clearly established that the applicant had a job to go back to. It was not stated, in short, why a functional capacity testing was sought in the clinical and/or vocalization context present here. Therefore, the request was not medically necessary.