

<b>Case Number:</b>	CM15-0057771		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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:

The injured worker is a 39 year old female, who sustained an industrial injury on October 29, 2014. She reported hyper-dorsiflexing her right wrist with acute pain while working as a lettuce packer. The injured worker was diagnosed as having right wrist pain and right upper extremity pain. Treatment to date has included physical therapy, splinting, nerve conduction tests, and medication. Currently, the injured worker complains of right wrist and upper extremity pain, with shoulder pain. The Primary Treating Physician's report dated February 19, 2015, noted the injured worker had gone to six sessions of physical therapy, not making much progress. Nerve conduction tests were noted to show carpal tunnel syndrome. The injured worker reported receiving a Medrol dose pack on February 5, 2014 for the right upper extremity and wrist pain that was ineffective, with Norco giving some relief of her pain. X-rays were noted to show Type III acromium and bone spur which was noted to possible be the reason for the injured worker's pain and discomfort of her right arm. Examination of the right wrist was noted to show diffuse tenderness, with equivocal Tinel's, Phalen's, and Durkins at the right carpal tunnel, and diffuse hypoesthesia to pinprick and light touch below the elbow in a nondermatomal pattern both on the dorsum and volar sides. The right elbow was noted to have tenderness over the medial and lateral epicondyle. The right shoulder was noted to have a positive Spurling's test and positive impingement test. The treatment plan was noted to include a request for authorization for a functional capacity evaluation, a refill of Norco, and restarting physical therapy.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient presents with right wrist and upper extremity pain. The request is for FUNCTIONAL CAPACITY EVALUATION. The request for authorization is dated 02/23/15. MRA of the right wrist, 01/05/15, shows normal examination. X-ray of the right shoulder, date unspecified, shows type III acromium and bone spur, and degenerative arthritic changes. NCS of the upper extremity, 12/15/14, shows carpal tunnel syndrome. The patient has gone to 6 sessions of physical therapy. Patient was placed on Medrol dose pack and reports that it was ineffective. The patient's medications include Norco, Levothroid and Pennsaid. Per progress report dated, 02/19/15, the patient is on modified duty. 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." Treater does not provide reason for the request. In this case, the patient has undergone conservative treatment in the form of medications and physical therapy, but continues to have pain. However, provided progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the request IS NOT medically necessary.