

<b>Case Number:</b>	CM13-0047038		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of June 26, 2013. So far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a carpal tunnel injection procedure and work restrictions. In a Utilization Review Report of October 21, 2013, the claims administrator apparently denied a request for functional capacity testing. The guidelines on which the denial was based were not cited. In an October 14, 2014 progress note, the applicant presented with wrist pain, bilateral. The applicant did have a history of hepatitis B and continued to smoke. The applicant's BMI was 21. Tenderness about the wrist was appreciated and the applicant exhibited excellent range of motion. It was stated that the applicant had bilateral wrist pain without any objective findings to recommend more aggressive treatment. A functional capacity evaluation was endorsed to determine what the applicant's primary residuals were. It was stated that the applicant was not a surgical candidate.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the California MTUS Guidelines-adopted ACOEM Guidelines functional capacity evaluations can be considered when needed to translate medical impairment into functional limitations and to determine weight capability. In this case, however, the applicant's work status was not clearly detailed or outlined. It was not clearly stated whether the applicant was in fact working with limitations in place or not and/or had a job to return to. The attending provider suggested the applicant had little to no objective pathology. It was unclear why the applicant could not be returned to regular work on a trial basis as opposed to using functional capacity testing as a proxy for the attending provider's clinical judgment. No compelling rationale for the functional capacity evaluation was made. The request is not medically necessary.