

Case Number:	CM14-0119869		
Date Assigned:	08/06/2014	Date of Injury:	01/06/2011
Decision Date:	10/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 injured worker is a 63-year-old female who reported an injury on 01/06/2011 due to pulling a water hose with all her force. Diagnoses included right wrist carpal tunnel syndrome. Past medical treatment included physical therapy, medications, electrical stimulation, paraffin baths, massage, cortisone injections to right wrist, a date was not provided. Diagnostic testing included EMG/NCS on 08/12/2013 and 03/06/2014, an x-ray of the right wrist, and an MRI of the right wrist. Surgical history was not provided. The injured worker complained of right wrist pain rated 8/10 on the pain scale on 04/15/2014. The physical examination revealed range of motion of the wrist showed palmar flexion of 50 degrees, dorsiflexion/extension of 50 degrees, abduction of 10 degrees, and adduction of 15 degrees. There was evidence of spasms upon dorsiflexion and palmar flexion of the wrist. The orthopedic examination revealed a positive Phalen's test bilaterally and a positive Tinel's sign bilaterally. Medications were not provided. The treatment plan was for a Functional Capacity Evaluation of the wrist. The rationale for the request was not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation of the wrist.: 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation of the wrist is not medically necessary. The injured worker complained of pain to right wrist rating 8/10 on pain scale on 04/15/2014. The California MTUS/ACOEM guidelines state determining limitations can usually be done by obtaining the patient's history, obtaining information from the patient, and the provider's knowledge of the patient and previous patients. Sometimes, it may be necessary to obtain a more precise delineation of patient capabilities and under some circumstances this can best be done by ordering a functional capacity evaluation. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if patients are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. There is a lack of documentation indicating the injured worker is planning to enter a work hardening program. There is a lack of documentation provided stating the injured worker has had attempts to return to work that were unsuccessful. There is a lack of documentation of conflicting medical reporting precautions and/or fitness for modified job duties or that the injured worker is in process of returning to work. Therefore, the request for qualified Functional Capacity Evaluation of the wrist is not medically necessary.