

Case Number:	CM14-0127099		
Date Assigned:	08/15/2014	Date of Injury:	11/17/2009
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation 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 injured worker is a 42-year-old male who reported injury on 11/17/2009. The mechanism of injury was not provided. The surgical history included a bilateral carpal tunnel release. Prior treatments included physical therapy. The diagnostic studies were not provided. The medications were not provided. The documentation of 06/13/2014 revealed the injured worker had complaints of constant pain in the bilateral wrists right greater than left. The injured worker however indicated his pain was improving. The injured worker had accompanying complaints of numbness and tingling in the fingers. The injured worker was noted to be undergoing physical therapy and the improvement was limited. Physical examination revealed nonspecific tenderness of the right wrist. The injured worker had decreased range of motion in the left wrist. The diagnoses included status post left carpal tunnel release, status post carpal tunnel release, right wrist, 02/04/2014 and right carpal tunnel syndrome. The treatment plan included lab tests. The request was made for a functional capacity examination to document functional restrictions, and there was documentation the injured worker would be considered possible permanent and stationary the next visit. There was a lack of documentation of a Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) 2nd Edition, Chapter 7, pages 132-139, and on the Non-MTUS ODG (Official Disability Guidelines): Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

Decision rationale: The American College of Occupational and Environmental Medicine indicates there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that requires a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had an unsuccessful attempt to return to work. The injured worker was noted to be close to maximum medical improvement. However, as the injured worker was not noted to have an unsuccessful attempt to return to work, the request for a functional capacity evaluation is not medically necessary.