

Case Number:	CM14-0138437		
Date Assigned:	09/05/2014	Date of Injury:	06/11/2014
Decision Date:	10/07/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/27/2014

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 Nevada. 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 records presented for review indicate that this 50-year-old individual was reportedly injured on June 11, 2014. The mechanism of injury is listed as repetitive job duties. The most recent progress note, dated July 14, 2014, indicates that there are ongoing complaints of pain in the right hand and wrist and left inguinal region. The physical examination demonstrated a positive Finkelstein's and negative Phalen's and Tinel's. There was no visible swelling or inflammation. A comprehensive computerized goniometer testing referencing range of motion of the wrist, thumb, index finger, middle finger, ring finger, and the little finger is provided. Diagnostic imaging studies have included X-rays and MRI, although these results are not disclosed in this progress report. Previous treatment has included anti-inflammatory medication, and on the date of this evaluation, bracing, physical therapy, and acupuncture are recommended. There is no reference to a functional capacity evaluation (FCE), or the reason that such an evaluation is being requested on the same date that conservative treatment is initiated. On July 22, 2014, a request for physical therapy for diagnosis of right DeQuervain's is submitted. It should be noted that a CPT code range of 97001 through 97755 is included on this request. The request for an initial functional capacity evaluation was non-certified on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

An Initial Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Independent Medical Examinations and Consultations, Referral Issues and the IME Process (electronically sited)

Decision rationale: ACOEM Practice Guidelines indicate that functional capacity evaluations are recommended to "translate medical impairment into functional limitations and determine work capability." The medical records provided for review indicate that the employee is not working, and there is no evidence of a return-to-work plan for which work restrictions would be necessary. The request for a functional capacity evaluation is therefore not medically necessary or appropriate.