

<b>Case Number:</b>	CM14-0147673		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and Rehabilitation, and is licensed to practice in 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 patient is a 42 year old female who sustained an industrial injury on 09/26/2011, due repetitive work activities. She underwent left CTR on 7/10/2012, and has been treating for resultant CRPS of the left hand/wrist. The 9/23/2013 AME report provides the diagnoses of status post 7/10/2012 left CTR and residual left upper extremity complex regional pain syndrome, and signs and symptoms of right wrist median nerve slowing and residual tendinitis of the right wrist and forearm. Her condition is permanent and stationary. The 7/24/2014 PTP progress report indicates the patient reports feeling a little better. Pain is 3-4/10, was previously 4/10. She is still using splints and still having some difficulties with her hands. Splints are helping. Physical examination documents right and left APB with slight atrophy on the left compared to the right, and a little darker volar surface on the left compared to the right. Tenderness to left volar crease, still 60% or normal ROM, 4/5 for ABP strength on the left and 5/5 on the right. Dysesthetic sensation to light touch on the volar surface on the left hand compared to the right, and reflexes are 2/4. Assessment is status post left CTR in 2012, CRPS type 1 of the left hand, and chronic left versus right wrist pain. Treatment plan is objective FCE to determine if patient is close to MMI. She is to continue Norco and Prilosec, she was also given prescription for Lyrica, and was to continue HEP. She is modified duty, and in 4 weeks will trial at full duty with no restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Objective 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:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**Decision rationale:** ACOEM Guidelines state functional capacity evaluations should be considered when it is necessary to translate medical impairment into functional limitations and determine work capability. ODG Guidelines recommend functional capacity evaluations prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The purpose and medical necessity of an FCE is not clear in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate she has injuries that required detailed exploration of her abilities. In addition, it is reasonable that functional ability can be assessed based on the routine evaluations her treating physician. The medical records do not reflect that this patient is considered at/near MMI at this time. There is no evidence that the patient is a candidate for a work hardening program. As such, the request is not medically necessary.