

Case Number:	CM14-0147883		
Date Assigned:	09/15/2014	Date of Injury:	10/05/2005
Decision Date:	10/16/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 62-year-old female who reported an injury on 10/05/2005 due to repetitive duties of work which consisted of overhead lifting, reaching, pushing while charting for patients. The injured worker had a diagnosis of bilateral wrist osteoarthritis. Past medical history consists of surgery, physical therapy, and medication therapy. On 08/08/2014, the injured worker underwent radiographs of the wrist bilaterally. On 08/08/2014, the injured worker complained of bilateral shoulder pain and bilateral wrist pain. It was noted in the physical examination that the injured worker had normal light touch, median, ulnar, radial, lateral, antebrachial, and axillary nerve distribution. She had positive wrist tenderness to palpation bilaterally. She had positive wrist tenderness to palpation bilaterally. Radial pulses were 2+. The medical treatment plan is for the injured worker to undergo a Functional Capacity Evaluation. The rationale and Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) ODG Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of a patient's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The submitted documentation lacked any objective findings upon physical examination demonstrating significant functional deficit. The documentation also lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals. Furthermore, there was lack of documentation of other treatments that the injured worker underwent previous and the measurement of progress, as well as efficacy of prior treatments. Given the above, the injured worker is not within the ACOEM/MTUS or ODG criteria.