

Case Number:	CM14-0161034		
Date Assigned:	10/06/2014	Date of Injury:	02/02/2004
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational 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 claimant was injured on 02/02/04 from 01/99 through 02/02/04 due to cumulative trauma. A functional capacity evaluation is under review. She saw [REDACTED] on 03/11/14. The diagnosis was the same. Another injection was recommended. She had one cortisone injection in the past. She had previously had success with PT according to a note dated 04/10/14. Additional treatment was ordered. An orthopedic reevaluation indicated that she was getting PT with wrist exercises. This had helped but she wanted formal PT for the right wrist. She had mild pain over the first dorsal compartment with a mildly positive Finkelstein's test and mild pain upon resisted thumb extension. She was diagnosed with a DeQuervain's tendinitis. She had improved since the injection. Surgery was recommended but on 08/26/14, it was put off until her back issues were addressed. The claimant reported right thumb pain at level 5/10 on 08/29/14 and it was constant, aching, and worse with activity of both hands. She had tenderness of the radial and ulnar wrist. There were psychological issues and difficulty sleeping. She had not been working. She was diagnosed with right elbow pain status post cubital tunnel release and possible medial epicondylitis, bilateral DeQuervain's tenosynovitis and bilateral hand weakness status post carpal tunnel releases. Functional capacity evaluation was recommended. She was taking medication. An MRI of the wrist of the right wrist was normal. X-rays of both wrists on 07/01/14 showed some mild osteoarthritic changes right greater than left at the radio carpal joint. X-rays of the right elbow on 06/14/11 were normal. She also has had 34 visits of PT and 18 visits of acupuncture with multiple injections of the right elbow that only helped temporarily. Bracing did not help. She was also injured in a car accident. She was P&S. A functional capacity evaluation was recommended to determine whether she could resume working in the capacity commensurate with her skills or abilities. This was described as a "final" FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 132-139.
Decision based on Non-MTUS Citation ODG-Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations

Decision rationale: The MTUS do not address functional capacity evaluations and the ODG state "Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"The documentation does not provide information about return to work efforts other than to say that the claimant had not returned to her job. As of 08/26/14, she was still receiving treatment for her low back and her clinical status regarding all of her conditions is unknown. The overall picture is unclear. There is no evidence of unsuccessful attempts to return her to his work, conflicting medical reports, or injuries that require detailed exploration of her abilities, despite the noted conditions. The medical necessity of this request for a functional capacity evaluation has not been clearly demonstrated. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"The documentation does not provide information about return to work efforts other than to say that the claimant had not returned to her job. As of 08/26/14, she was still receiving treatment for her low back and her clinical status regarding all of her conditions is unknown. The overall picture is unclear. There is no evidence of unsuccessful attempts to return her to his work, conflicting medical reports, or injuries that require detailed exploration of her abilities, despite the noted conditions. Therefore, the Functional Capacity Evaluation is not medically necessary.