

<b>Case Number:</b>	CM14-0093202		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 injured worker is a 39 year old female who sustained cumulative trauma while performing her usual and customary duties as a bank customer service representative. The injured worker was taken off work on 03/26/12 after presenting with soreness in the right wrist. The injured worker noted circumferential around the right wrist pain when describing the location she stated that she also developed pain in the neck and right shoulder. She was treated with pain medication and placed on modified duty. She went to physical therapy and attended eight visits for the right wrist and neck. She was given massage and transcutaneous electrical nerve stimulation unit. She stated that this generally aggravated her symptoms. Magnetic resonance image of the cervical spine dated 06/21/12 reportedly revealed Chiari 1 malformation and disc herniation at C3-4 and C5-6. Electromyogram/nerve conduction velocity of the bilateral upper extremities dated 09/12/13 revealed findings suggestive for carpal tunnel pathology in the right upper extremity. No significant electromyographic abnormalities were detected. Right carpal tunnel pathology was mild to moderate in degree. There were no abnormalities in the left upper extremity. The most recent clinical note dated 07/01/14 reported that the injured worker was extremely tearful and had multiple complaints including cervical spine pain, neck pain, and bilateral upper extremities pain which had all been documented in multiple records. Because of the continued diffuse pain that was non-specific for an isolate problem, cubital tunnel release would no longer be requested, but rather transfer her care to a physiatrist due to her permanent complaints.

### 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): 48-49, 137-138, 181-185, 308-310.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The request for functional capacity evaluation is not medically necessary. The injured worker had been taken off work permanently in June of 2012. The injured worker is now two years post employment and there is no indication that the injured worker has a job to return to. The California medical Treatment Utilization Schedule states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication and therapy, which could lead to psychological or physical dependence. Cognitive behavioral therapy is intended for use to screen patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Given this, the request for functional capacity evaluation is not indicated as medically necessary.