

Case Number:	CM14-0099046		
Date Assigned:	07/28/2014	Date of Injury:	07/18/2012
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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 the injured worker is a 46-year-old individual who was reportedly injured on 7/18/2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 6/17/2014, indicated that there were ongoing complaints of headaches, right shoulder pain, bilateral hand and wrist pain, and abdominal pain. The physical examination demonstrated right shoulder positive tenderness to palpation to the anterior/posterior/lateral on the right, and anterior and posterior on the left. Bilateral biceps tendon groove/rotator cuff muscles had decreased range of motion. There was positive near impingement/Codman's arm drop/supraspinatus of the right shoulder. Left shoulder had positive near impingement and bilateral elbow tenderness to palpation anterior/lateral. There was also positive Cozens test. Right wrist was with tenderness to palpation of the dorsal aspect of the right thumb, decreased range of motion, and the right wrist was with positive Tinel's, Phalen's, and Finkelstein's tests. Left wrist had positive Tinel's test. Bilateral upper extremities were 1+ with the right shoulder decreased muscle strength at 4/5. Decreased sensation to the bilateral upper extremities involving the median nerve at the fingers. No recent diagnostic studies are available for review. Previous treatment included left ankle arthroscopy, medications, injections, and physical therapy. A request had been made for physical therapy of the right hand/wrist #12 and functional capacity evaluation, and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty: Guidelines for performing an Functional Capacity Evaluation (FCE) Official Disability Guidelines: Criteria for Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations; Referral Issues and the Independent Medical Examination Process (electronically cited)

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

Physical therapy for the right hand and wrist twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpal Tunnel Syndrome Chapter; Physical Medicine Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist, & Hand (Acute & Chronic); (not including "Carpal Tunnel Syndrome") - Physical/Occupational Therapy (updated 08/08/14).

Decision rationale: The California MTUS do not address this issue. Therefore, Official Disability Guidelines (ODG) guidelines were used. Guidelines recommend 1-3 visits over 3 to 5 weeks for individuals who have carpal tunnel syndrome. After review of the medical records provided, the injured worker was diagnosed with carpal tunnel syndrome and bilateral wrists chronic overuse syndrome. The treating physician has requested 12 visits of physical therapy. There was no identifiable documentation justifying excessive visits of therapy. Therefore, the request for physical therapy for the right hand and wrist twice a week for six weeks is not medically necessary and appropriate..