

Case Number:	CM15-0002102		
Date Assigned:	01/13/2015	Date of Injury:	10/07/2013
Decision Date:	03/13/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 10/07/2013. The injured worker suffered a crush injury to the right hand while moving a 600 pound box. The injured worker presented on 12/03/2014 with complaints of right elbow pain and right wrist pain. The current diagnoses include right elbow sprain/strain, right wrist carpal tunnel syndrome, right wrist ganglion cyst, right wrist TFCC tear, finger pain, status post right hand crush injury, and right hand osteonecrosis. Upon examination, there was generalized tenderness to palpation over the right elbow, limited right elbow range of motion, tenderness to palpation over the carpal bones, limited range of motion of the right wrist, diminished sensation over the C5-T1 dermatomes in the right upper extremity, decreased motor strength secondary to pain, and 2+ deep tendon reflexes. A functional capacity evaluation was recommended. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideliens (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation when the timing is appropriate and if case management has been hampered by complex issues. There was no mention of any previous return to work attempts. The injured worker presented with complaints of persistent pain in the right upper extremity. The injured worker was actively participating in chiropractic therapy. There was no indication that this injured worker was close to reaching or had reached maximum medical improvement. As the medical necessity has not been established, the request is not medically appropriate at this time.