

Case Number:	CM15-0012664		
Date Assigned:	01/30/2015	Date of Injury:	09/23/2011
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/22/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained a work/ industrial injury on 9/23/11. He has reported symptoms of right wrist pain that radiated into the hand and all five digits with numbness and tingling sensation in the right wrist and fingers. Per examination, the right wrist, forearm, and hand showed swelling, 6.3 cm surgical scar over the right wrist, tenderness over the right radial styloid and ulnar styloid, guarding with supination range of motion maneuver on the right and limited range of motion. Shoulder pain was attributed to getting an injection during surgery to alleviate right wrist pain after the second surgery in 3/2014. Prior medical history was not documented. The diagnosis included right wrist triangular fibrocartilage complex tear. Treatment to date has included physical therapy visits, medication, and surgery. Surgery involved the Darrach procedure of the right wrist, repair of the extensor carpi ulnaris tendon, excision of ganglion cyst, reconstruction of the distal radioulnar joint ligaments 2/2/14. Scar revision removal of forearm hardware and manipulation of the right forearm and wrist 3/11/14. The surgeon noted need for further recovery with re-evaluation to follow. On 12/22/11, Utilization Review non-certified a Functional Capacity Evaluation, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines (ODG) -TWC Fitness for Duty Procedure Summary.

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 Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Fitness for duty; functional capacity evaluation

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more general and not advised by guidelines. ODG further states, 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. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.