

Case Number:	CM15-0013085		
Date Assigned:	01/30/2015	Date of Injury:	12/17/2013
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
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: Texas, Ohio, California
 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 29 year old female who sustained an industrial injury on 12/17/2013. The current diagnoses include radial styloid tenosynovitis and tendinitis/bursitis of the right hand/wrist. Treatments to date include medication management, physical therapy, and acupuncture. Report dated 12/08/2014 noted that the injured worker presented with complaints that included right wrist and hand pain with numbness and tingling. Physical examination was noted for abnormal findings. The physician noted that the request for functional capacity evaluation was necessary because it provides assessment measures that can be used repeatedly over the course of treatment. The utilization review performed on 12/23/2014 non-certified a prescription for functional capacity evaluation based on the clinical information submitted. The reviewer referenced ACOEM and Official Disability Guidelines in making this decision.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139, ODG Fitness for Duty (updated 9/23/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of December 17, 2013. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines were invoked to deny the request. The claims administrator referenced a progress note of December 8, 2014 in its determination. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant reported ongoing complaints of hand and wrist pain. Work restrictions were endorsed. The attending provider acknowledged that the applicant had not worked since April 2014. Physical therapy and a multimodality electrical stimulator device were endorsed. In a subsequent note dated December 8, 2014, somewhat blurred as a result of repetitive photocopying, six sessions of acupuncture were endorsed for primary diagnosis of radial styloid tenosynovitis. A functional capacity evaluation and orthopedic surgery consultation were endorsed, along with a psychosocial factor screen. REFERRAL QUESTIONS: 1. No, the request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant was no longer working as of the date of the request. The applicant had not worked since April 2014, the attending provider acknowledged. The applicant did not appear to have a job to return to. It is not clearly stated why functional capacity testing was being sought in the clinical and vocational context present here. Therefore, the request was not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 2, page 21.