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| <b>Case Number:</b>   | CM15-0014129 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 04/20/2011 |
| <b>Decision Date:</b> | 03/20/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female patient, with a reported date of injury of 04/20/2011. The diagnoses include status post wrist arthroscopy in 02/2012, status post open reduction, internal fixation with bone grafting of the distal radius osteotomy with the distal ulnar resection in 08/2014, and status post distal radius osteotomy in 08/2013. Per the progress report dated 12/22/2014 her left hand/wrist was evaluated. He did not make any significant changes or recommendations to her overall treatment plan. The physical examination revealed average deformity with the prominent distal ulna, some pain with supination and pronation of the wrist, and no real dorsiflexion or ulnar deviation. The treating physician requested a functional capacity evaluation to better delineate the potential work restrictions that may be needed for the injured worker's return back to gainful employment. The medications list includes motrin, dexilant, hydrocodone-acetaminophen and bentlyl. She has undergone wrist arthroscopy in 02/2012, open reduction, internal fixation with bone grafting of the distal radius osteotomy with the distal ulnar resection in 08/2014, and distal radius osteotomy in 08/2013. She has had computerized tomography (CT) scan of the left distal forearm on 03/24/2014, with no acute findings. She has had an electric stimulator for the left wrist; oral anti-inflammatory medications; and occupational therapy for the left wrist/hand. On 01/15/2015, Utilization Review (UR) denied the request for a functional capacity evaluation, noting the details regarding the injured worker's occupation or prior return to work attempts were not clearly reflected. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

## 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. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Chapter: Fitness for Duty(updated 09/23/14) Functional capacity evaluation (FCE)

**Decision rationale:** Request: Functional Capacity Evaluation MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter:7 Independent Medical Examinations and Consultations,Page-137-138Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to performing the workplace;" "it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions."Per the cited guidelines above "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. 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." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of Functional capacity evaluation is not fully established for this patient at this juncture.