

Case Number:	CM15-0178597		
Date Assigned:	09/18/2015	Date of Injury:	06/06/2013
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania, Ohio, 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 34 year old male who sustained an industrial injury on 6-6-2013. A review of medical records indicates the injured worker is being treated for bilateral wrist tendinitis and De Quervain's tenosynovitis with bilateral carpal tunnel syndrome. Medical records dated 8-19-2015 noted right wrist tenderness and left wrist tenderness. Physical examination dated 8-19-2015 noted tenderness to palpation over the right wrist and over the flexor-extensor compartment, carpal canal and first dorsal compartment. There is no tenderness to palpation over the radiocarpal joint, triangular fibrocartilage, or distal radioulnar joint. The left wrist had had tenderness to palpation over the flexor-extensor compartment, carpal canal and first dorsal compartment. Range of motion, right-left read dorsiflexion 60-60 degrees, palmar flexion 50-55 degrees, radial deviation 20-20 degrees, pronation 80-80 degrees, supination 80-80 degrees, and ulnar deviation 30-30 degrees. Treatment has included medications. Utilization review dated 8-25-2015 non-certified Qualified functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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 Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case, the records do not clearly document concern about the patient's ability to return to a particular type of work. A rationale for the FCE supported by treatment guidelines is not apparent, nor do the records provide a compelling alternate rationale. I recommend that this request be non-certified. Therefore, the request is not medically necessary.