

<b>Case Number:</b>	CM15-0065077		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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:

The injured worker is a 26 year old male who sustained an industrial injury on 9/11/12. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having right fourth and fifth fingers neuropraxia, right little finger laceration, right lateral epicondylitis, right carpal tunnel syndrome, and right ulnar neuropathy Guyon's canal. Treatments to date have included physical therapy, injections, Electromyography, activity modification, Paraffin treatment, electrical stimulation, splint, status post right carpal tunnel release. Currently, the injured worker complains of right upper extremity pain. The plan of care was for physical performance functional capacity evaluation and a follow up appointment at a later date. The patient sustained the injury when he was trying to remove toolbox. Patient has received 26 PT visits for this injury. The patient had received cortisone injection for this injury. The patient has had EMG study on 6/4/14 that revealed bilateral CTS. Per the doctor's note dated 3/4/15, patient had complaints of right elbow pain at 6-7/10. Physical examination of the right elbow revealed limited range of motion and decreased strength and tenderness on palpation. The patient had received Kenalog injection in right elbow. The patient's surgical history includes right CTR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Performance Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

**Decision rationale:** Request: Physical Performance Functional Capacity Evaluation; MTUS guideline does not specifically address this issue. Hence, ODG used; Per the ODG guidelines cited below "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 criteria listed in the guidelines that would require a FCE was not specified in the records provided. 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. The guidelines state, "Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance." Patient has received 26 PT visits for this injury. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Physical Performance Functional Capacity Evaluation is not fully established for this patient.