MAXIMUS Federal Services

Case Number:	CM15-0070306		
Date Assigned:	04/20/2015	Date of Injury:	05/04/2010
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on May 4, 2010. She reported gradual onset of pain, numbness, and tingling in the bilateral wrists. The injured worker was diagnosed as having left shoulder tendinitis, left shoulder status post arthroscopy, subacromial decompression, and AC joint resection, residual carpal tunnel syndrome bilateral wrists, and status post endoscopic carpal tunnel releases. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), left carpal tunnel release 2011, occupational therapy, right carpal tunnel release 2011, physical therapy, TENS, splinting, MRI, left shoulder surgery, and medication. Currently, the injured worker complains of left shoulder pain and intermittent, moderate to severe wrist pain, with numbness and tingling. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker reporting doing markedly better, close to 75% better after her left shoulder surgery. Physical examination was noted to show a left wrist positive Phalen's test and right wrist positive Tinel's, Phalen's, and median nerve compression tests. Mild diffuse tenderness was noted in the bilateral knees. The treatment plan was noted to include requests for authorization for bilateral carpal tunnel release revision surgery, refills of Diclofenac XR and Omeprazole, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty: Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: 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. In this case there is no documentation that the patient has failed multiple returns to work attempts or that the patient is lose to maximal medical improvement. Criteria for FCE have not been met. The request should not be authorized.