

<b>Case Number:</b>	CM15-0076495		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, West Virginia, Pennsylvania  
 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 62 year old female, who sustained an industrial injury on August 19, 2013. She reported increasing paraesthesias and pain of the left hand. The injured worker was diagnosed as having status post bilateral carpal tunnel release with recurrence of right carpal tunnel syndrome and left hand pain secondary to compensating for the right wrist. Diagnostics to date has included electrodiagnostic studies. Treatment to date has included work modifications and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 5, 2015, the injured worker complains of constant, dull to sharp right wrist pain with numbness and tingling in her 1st-5th fingertip. She also complains of dull to sharp left wrist pain that occurs most of the time. The physical exam revealed tenderness to palpation and decreased range of motion of the bilateral wrists. The treatment plan includes a functional capacity evaluation. The requested treatment is a physical performance evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical performance evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 8.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 8.

**Decision rationale:** According to guidelines, diagnostic testing should not be done for simply screening purposes, but rather to discover new pathology and if there is a delay in return to work or prolonged period of inactivity. In this case, the patient was diagnosed with carpal tunnel syndrome. There is no documentation of what additional information is being sought through the Physical Performance Evaluation. Thus, the request for Physical Performance Evaluation is not medically appropriate and necessary.