MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/26/2013

[redacted]

[redacted]

Employee:	[redacted]
Claim Number:	
Date of UR Decision:	7/1/2013
Date of Injury:	8/20/2010
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007398

1) MAXIMUS Federal Services, Inc. has determined the retrospective request for a Functional Capacity Evaluation for the right hand dated 06/10/2013 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

1) MAXIMUS Federal Services, Inc. has determined the request for retrospective request for a Functional Capacity Evaluation for the right hand dated 06/10/2013 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:
All medical, insurance, and administrative records provided were reviewed.

The applicant, [redacted], is a represented [redacted] employee who has filed a claim for chronic wrist pain, reportedly associated with an industrial injury of August 20, 2010.

In a utilization review report of July 1, 2013, the claims administrator reportedly denied a request for a functional capacity evaluation.

The applicant's attorney appealed on July 31, 2013.

The sole progress note on file of June 10, 2013, is notable for comments that the applicant carries a diagnosis of right carpal tunnel syndrome, status post carpal tunnel release surgery. The applicant exhibits fairly symmetric grip strength in the 27-kg range on the right hand and 32-kg range on the left hand. The applicant is asked to pursue a functional capacity evaluation to obtain a detailed exploration of the applicant's abilities. His work status is reportedly "unchanged." It is not clearly stated whether the applicant is working or not.

Documents Reviewed for Determination:
The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representive
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request for** retrospective request for a **Functional Capacity Evaluation for the right hand dated 06/10/2013**:

   Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision
   The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM). 2nd Edition, Chapter 7, Independent Medical Examinations and consultations, pages 132-139. Which is not part of the MTUS?

   The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM). 2nd Edition, Chapter 7, Independent Medical Examinations and consultations, pages 137-138.

   Rationale for the Decision:
   As noted in the ACOEM Guidelines in Chapter 7, functional capacity evaluations are widely used, overly promoted, and not necessarily an accurate characterization or depiction of what an applicant can do in the workplace. Rather, a functional capacity evaluation (FCE) represents what an applicant can do on a given day, and is, it is further noted, highly effort dependent. Page 126 of the MTUS chronic pain medical treatment guidelines further suggests that an FCE can be employed as precursor to enrollment in a work hardening program. In this case, however, it is not clearly stated in the medical records provided for review whether the employee is working or not, has a job to return to, and/or why a detailed exploration of current abilities is needed or indicated. It does not, moreover, appear that the FCE is being sought for the purposes of determining suitability for work hardening. Furthermore, if the employee is off work and has no intention of returning, then an FCE, by definition, is superfluous. Conversely, if the employee has already returned to work, an FCE is equally unnecessary. In this case, there is no clear rationale provided to support the necessity for the test. **The retrospective request for a functional capacity evaluation is not medically necessary and appropriate.**

Effect of the Decision:
The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/db

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.