

Case Number:	CM14-0144516		
Date Assigned:	09/12/2014	Date of Injury:	07/12/2013
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female whose date of injury is 07/12/13. MRI of the left wrist dated 07/25/13 revealed nondisplaced fracture at the mid navicular. This often predisposes to avascular necrosis of the proximal aspect of the navicular, but AVN is seen currently at this time. There appears to be a tear in the capsule or ligaments at the radial aspect of the wrist adjacent to the navicular and trapezium. There is a partial tear of the scapholunate ligament. Handwritten progress note dated 08/26/14 indicates that the injured worker complains of left wrist pain. Medications and TENS help with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary. There is no comprehensive

assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records fail to document that the injured worker is at or near maximum medical improvement. There is no documentation of previous failed return to work attempts. There is no current, detailed physical examination submitted for review. Therefore, medical necessity of the requested functional capacity evaluation is not established in accordance with the Official Disability Guidelines.