

<b>Case Number:</b>	CM14-0156969		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 patient is a 45 year old male with a work injury dated 7/12/12. The diagnoses include bilateral carpal tunnel syndrome; cervical sprain/strain, herniated nucleus pulposus; left carpal tunnel release, 02/07/14; left knee arthroscopy, date unknown; total hip replacement for dysplastic right hip, date unknown. Under consideration are requests for Functional Capacity Evaluation. A 6/24/14 progress note states that the patient has moderate right wrist pain and moderate left wrist pain. In February, he had a left carpal tunnel release surgery. His left wrist is still hurting when he press this and when he hyperextend his wrist, but otherwise it seems to be healing compared when he was first here. He has continued to have moderate pain in the right wrist and with use he still has tingling and numbness of his fingers. He has had no surgery there. His neck has mild pain. He is not on therapy and not working. He takes Tramadol 150 mg, 2 times a day and Prilosec 20 mg once a day. He tried Naproxen but swelled up and so that was stopped .Per documentation a progress report dated 9/16/14 revealed that the patient had of pain in the neck, bilateral elbows, and bilateral wrists. Medications include Tramadol, Prilosec, and topical cream. Grip strength measures 120/120/120 on the right, and 100/90/100 on the left. The provider recommends a right carpal tunnel release, continuing physical therapy for the neck, functional capacity evaluation, and medications. The patient is temporarily totally disabled for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Fitness for Duty Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional capacity evaluation

**Decision rationale:** Functional Capacity Evaluation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The ODG states that one can consider an FCE if 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. The ACOEM MTUS Guidelines states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The guidelines state that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The documentation does not indicate prior unsuccessful return to work attempts or conflicting medical reporting. It is unclear why the patient needs a functional capacity evaluation. The documentation is not clear on the patient's job description and functions required and why specialized FCE testing is requested. The request for Functional Capacity Evaluation is not medically necessary.