

Case Number:	CM13-0019324		
Date Assigned:	10/11/2013	Date of Injury:	06/21/2012
Decision Date:	11/10/2015	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist, hand, and elbow pain reportedly associated with an industrial injury of June 24, 2012. In a Utilization Review report dated August 13, 2013, the claims administrator failed to approve a request for a Functional Capacity Evaluation (FCE). The claims administrator referenced a July 24, 2013 office visit in its determination. The applicant's attorney subsequently appealed. On said July 24, 2013 office visit, the applicant reported ongoing complaints of wrist and hand pain. The note was very difficult to follow, thinly and sparsely developed, not altogether legible. Naproxen, Norco, Prilosec, 12 sessions of physical therapy, and a Functional Capacity Evaluation were endorsed. The note comprised, by and large, of pre-printed checkboxes, with little in the way of supporting rationale or supporting commentary. Work restrictions were also imposed, although it did not appear that the applicant was working with said limitations in place.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the request for a Functional Capacity Evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and/or and to determine work capability, here, however, the attending provider's July 24, 2013 progress note was thinly and sparsely developed, difficult to follow, not entirely legible, did not clearly state for what issue, diagnosis, and/or purpose the Functional Capacity Evaluation (FCE) had been proposed. It did not appear that the claimant was working with limitations in place. It was not stated how the proposed FCE would influence or alter the treatment plan. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Functional Capacity Evaluation can be employed as a precursor to enrollment in a work hardening program, here, again, the July 24, 2013 office visit did not clearly outline why a Functional Capacity Evaluation had been sought in the clinical and/or vocational context present here. Therefore, the request is not medically necessary.