

Case Number:	CM14-0003372		
Date Assigned:	01/29/2014	Date of Injury:	06/10/2013
Decision Date:	11/03/2015	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Sports 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 53 year old female who reported an injury of unknown mechanism on 06/10/2013. In the clinical note dated 11/20/2013, the injured worker complained of bilateral hand tingling and numbness. The physical examination of the left hand revealed decreased sensation over the median nerve and positive Tinel sign, positive Phalen's and positive median nerve compression test. The physical examination of the right hand revealed mild swelling, tenderness to palpation, decreased range of motion and decreased sensation over median nerve distribution. She is status post right carpal tunnel release on 09/06/2013. It was documented that the injured worker attended occupational therapy. An EMG/NCV was done on 05/29/2013 and stated that bilateral upper extremity nerve conduction studies showed changes that may be indicative of bilateral median motor/sensory neuropathy across wrists, collaborating with clinical diagnosis of moderate to severe bilateral carpal tunnel syndrome. There was no EMG evidence of right cervical spine radiculopathy. The diagnosis was annotated as bilateral carpal tunnel syndromes. The treatment plan included to remain off work until follow up evaluation and left carpal tunnel release was scheduled for 12/13/2013, she was also instructed in home exercises. There was documentation on 12/18/2013 that the injured worker called and cancelled the scheduled carpal tunnel release surgery and requested to be transferred to another surgeon. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial psyche evaluation and treatment based on outcome of evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The request for initial psyche evaluation and treatment based on outcome of evaluation is non-certified. The California MTUS guidelines state that psychological evaluations are used for the evaluation and prediction of patients who have a high likelihood of developing chronic pain. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but with more widespread use in chronic pain populations. The clinical submitted for review did not indicate whether the injured worker was at risk for developing chronic pain nor did it annotate the request for an evaluation or any failed conservative treatments that would indicate chronic pain issues. Furthermore, documentation failed to show evidence of psychological symptoms or concerns. Therefore, the request for initial psyche evaluation and treatment based on outcome of evaluation is not medically necessary.

Functional capacity evaluation 2 days for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Fitness for Duty Procedure, FCE.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: The request for functional capacity evaluation, 2 days for 6 weeks is non-certified. The American College of Occupational and Environmental Medicine (ACOEM) 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 clinical note provided for review lacked documentation of the injured worker having significant functional deficits with failure of conservative therapies. The requesting physicians rationale for the request was unclear. Therefore, the request for functional capacity evaluation, 2 days for 6 weeks is not medically necessary.