

<b>Case Number:</b>	CM13-0009437		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 59-years-old, and is right-handed. He began working at [REDACTED] as a fish cutter in 2008. On 05-05-11, at about 7:30PM, he was cutting a fish when he cut his left long finger with a knife. He was taken immediately taken to the [REDACTED] where his wound was cleaned, stitched, and splinted. He was released to his home. He saw his regular physician for follow-up. His stitches were removed and he returned to work one week later. He worked only 2 days before he was taken off work, because he was still wearing a splint. Further treatment was at the [REDACTED] where he received medication and physical therapy. One month later, the splint was discontinued, but he was still not released to unrestricted work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A functional capacity evaluation (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter on Fitness for duty

**Decision rationale:** The MTUS/ACOEM Guidelines indicate, "In evaluating the ability of a worker to do the job as described, the history is very important. If the candidate has had trouble with a similar job or demand in the past, this is a sensitive indicator for job evaluation or accommodation. The clinician must be aware of the sensitivity and specificity of any tests used and their applicability to real job situations. Tests should have been evaluated in working populations and determined to reflect true job demands. At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis." The Official Disability Guidelines indicate that if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation (FCE) is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. The guidelines also indicate not to proceed with an FCE if: a) The sole purpose is to determine a worker's effort or compliance; and b) The worker has returned to work and an ergonomic assessment has not been arranged. This patient has not met all the criteria for functional capacity evaluation (FCE). Specifically there is no adequate and thorough evaluation of the claimant by the requesting provider, including baseline functional testing, so follow-up with the same test can note functional improvement. Therefore, the request for functional capacity evaluation is not medically necessary.