

Case Number:	CM13-0036721		
Date Assigned:	12/13/2013	Date of Injury:	05/03/2013
Decision Date:	04/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 30 year-old male who sustained a tuft fracture of the distal phalanx of the right long finger at work on 05/03/2013. This fracture was x-rayed monthly for four months, starting with the time of injury. The fracture was healing well, with no sign of infection anywhere in the hand. He had full range of motion of the right hand and all phalanges of the long finger. He had slightly restricted range of motion of the right wrist, along with full right grip strength. The patient had been receiving treatment for right hand, wrist and long finger pain. The treatment consisted of analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), splinting, home exercises, stretching and physical therapy. After an exam on 9/25/2013, it was noted that the patient's right hand complaints were continuing to improve, and the patient was only experiencing mild pain. Significant examination findings of the right hand included slightly restricted right wrist range of motion, a positive Phalen's (test) sign, full right grip strength, and full range of motion for the finger and hand, with only mildly reduced range of motion of the wrist. Documentation notes that patient is nearing maximal medical improvement and has the need to determine work ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: CA MTUS recommends considering a functional capacity evaluation (FCE) to translate medical impairment into functional limitations and determine work capability. The importance of an assessment is to have a measure that can be used repeatedly over course of treatment to demonstrate improvement of function. ODG likewise recommends functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work process. Additionally, the ODG recommends FCE if a worker is actively participating in determining the suitability of a particular job, and if a patient is nearing maximal medical improvement. Therefore a functional capacity evaluation to determine functional limitations and work capability is medically necessary.

X-RAY OF THE RIGHT HAND: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Hand, Radiography

Decision rationale: CA MTUS Guidelines recommends imaging for acute injuries, but does not offer recommendations for repeat imaging. The ODG recommends when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This patient had already received 4 separate x-ray studies of the right hand, which revealed a healing tuft fracture of the distal phalanx of the right long finger. The patient demonstrated full range of motion of the phalanx and finger, and there were no findings suggesting infection or further injury that would require repeat imaging. Therefore, the medical necessity for additional hand x-rays is not established.