

<b>Case Number:</b>	CM13-0065840		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 02/04/2013 after he injured his right hand in a mixer while performing normal job duties as a baker. The patient underwent 2 surgical interventions followed by extensive postoperative physical therapy, a TENS unit, medications, a home exercise program, and acupuncture. The patient's most recent clinical documentation noted that the patient had continued pain complaints rated at a 4/10 with objective findings to include reduced range of motion of the 2nd digit of the right hand and an inability to make a fist. The patient's diagnoses included finger lacerations without complication, hardware removal, and elevated liver and kidney labs. The patient's treatment plan included a Functional Capacity Evaluation to objectively evaluate restrictions, continuation of medications, a home exercise program, and the use of a TENS unit and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A 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 Guidelines, pages 137-138

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 4, pages 77-89

**Decision rationale:** The American College of Occupational and Environmental Medicine states that a more precise delineation of patient capabilities than what is available from routine physical examination is sometimes appropriate when determining the patient's work related functional capabilities. The clinical documentation submitted for review does not provide any evidence that the patient is at or close to maximum medical improvement and has an intention of returning to work. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient has any conditions that would require more than a normal routine physical examination when determining activity limitations. Therefore, the need for a functional capacity evaluation is not clearly determined within the submitted documentation. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate