

Case Number:	CM13-0068524		
Date Assigned:	01/03/2014	Date of Injury:	07/26/2013
Decision Date:	04/25/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and Pulmonary Diseases, 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 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 27-year-old male who reported a work-related injury on 7/26/13. The mechanism of injury was a laceration to the right hand fifth finger. The patient was seen on 9/23/13 for a follow-up visit. The patient reported that while performing his usual and customary job, a light fixture fell over the top of his right pinkie, causing a deep laceration. He received 5 stitches, and the finger was bandaged. The patient denied numbness or tingling as well as swelling of the hand or fingers. The pain increased with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles. The patient complained of a loss of grip strength and a loss of sensation. The pain and symptoms awakened the patient at night. The patient rated the pain at a 9/10. The patient denied any previous industrial or nonindustrial injuries or accidents. The patient has had no major illnesses or surgical procedures in the past. On exam, it was noted that the patient had tenderness at the tip of the interphalangeal joint on the right hand fifth finger of the metacarpophalangeal joint. The patient was also noted to have tenderness at the A1 pulley of the small finger and triggering of the small finger. It was noted that the grip strength was diminished in the right hand per the clinical noted. The patient returned to the clinic for a follow-up visit and a re-examination. The patient continued to have complaints of pain to the little finger. He stated that the locking has gotten better, but he still had pain and weakness. On physical exam, it was noted that there is tenderness to palpation over the A1 pulley of the right small finger. The grip strength was diminished. There was no instability noted. There was no documentation provided for medications and the effectiveness of medications. There was no documentation provided for therapy or the effectiveness of therapy. No diagnostic studies or other studies were provided in the medical documentation.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM does not speak to this issue. The Official Disability Guidelines recommend functional capacity evaluations prior to admission to a work hardening program, with a preference for assessment tailored to a specific task or job. They are not recommended for routine use as a part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Both job-specific and comprehensive functional capacity evaluations can be valuable tools in the clinical decision-making for the injured worker; however, a functional capacity evaluation is an extremely complex and multifaceted process. Functional capacity evaluations, as an objective resource for disability managers, are an invaluable tool in the return to work process. The guidelines for performing a functional capacity evaluation are hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of the worker's abilities. Timing is appropriate if the patient is close to or at maximum medical improvement, and all key medical reports are secured with additional/secondary conditions clarified. One should not proceed with a functional capacity evaluation if the sole purpose is to determine a worker's efforts or compliance, or if the worker has already returned to work. The request does not meet the Official Disability Guidelines criteria due to the lack of documentation from therapy visits and the effectiveness of therapy/conservative treatments. Therefore, the request is non-certified.