

Case Number:	CM14-0000996		
Date Assigned:	01/22/2014	Date of Injury:	06/23/2011
Decision Date:	03/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation 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:

This patient sustained an injury on 6/23/11 while employed by [REDACTED]. Request under consideration include Consultation with [REDACTED] for a functional capacity evaluation (FCE) and impairment rating. Report of 11/13/13 from [REDACTED] noted patient is 5 months post tendon graft of index finger and 11 months post excision of remaining tissues, reconstruction of pulleys, insertion of silastic rod, and allograft grafting for radial left digital index nerve. The patient complained of burning pain to the finger. Exam showed no swelling and the patient flexes with some flexor tendon power; tender over digital nerve repair; most impressive is his inability to extend the finger at PIP joint as no functional effort on the patient's part, and it was believed that he was not really trying or made an honest effort; it is only when he is watching that he is sensitive to touch; full range of shoulder, elbow, wrist, and all fingers other than index with 35 degrees range. Treatment included finishing out all therapy to continue working on strengthening, but probably the next step is to do a fusion to the DIP joint bringing more meaningful position of -20 degrees so he can pinch; however, at this point the patient is not really making an effort and there is no reason to proceed with further intervention. He was declared P&S with permanent work restrictions. PT report of 11/12/13 noted no progress with physical therapy. There was an AME on 10/14/13. Per discussion with [REDACTED] office, [REDACTED] noted [REDACTED] does not render permanent & stationary impairments; however, there are notes from the PTP and orthopedic surgeon, [REDACTED]. Request for referral to [REDACTED] for FCE was non-certified on 12/18/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] for a functional capacity evaluation (FCE) and impairment rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations; and Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: This patient sustained an injury on 6/23/11 while employed by [REDACTED]. Request under consideration include Consultation with [REDACTED] for a functional capacity evaluation (FCE) and impairment rating. Report of 11/13/13 from [REDACTED] noted patient is 5 months post tendon graft of index finger and 11 months post excision of remaining tissues, reconstruction of pulleys, insertion of silastic rod, and allograft grafting for radial left digital index nerve. The patient complained of burning pain to the finger. [REDACTED] noted most impressively is the patient's inability to extend the finger at PIP joint as no functional effort on the patient's part, and it was believed that he was not really trying or making an honest effort; it is only when he is watching that he is sensitive to touch. Treatment included finishing out all therapy to continue working on strengthening, but probably the next step is to do a fusion to the DIP joint bringing more meaningful position of -20 degrees so he can pinch. Although P&S was declared; it appears MMI has not been reached as the patient is not really making an effort and there is no reason to proceed with further intervention noted by [REDACTED]. Per discussion with [REDACTED] office, PA- [REDACTED] noted [REDACTED] does not render permanent & stationary impairments; however, there are notes from the PTP and orthopedic surgeon, [REDACTED]. Additionally, the patient had AME evaluation on 10/14/13. Submitted reports have not demonstrated support for referral to chiropractor, [REDACTED]. for FCE. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Consultation with [REDACTED] for a functional capacity evaluation (FCE) and impairment rating is not medically necessary and appropriate.