

Case Number:	CM14-0007901		
Date Assigned:	02/07/2014	Date of Injury:	11/04/2008
Decision Date:	06/23/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Emergency Medicine, 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:

Patient with reported date of injury of 11/4/2008. Mechanism of injury was described as arm being caught in a machine. Patient has a diagnosis of right elbow sprain/strain, crush injury to wrist, diabetes, hypertension, stress and anxiety and insomnia. There is a report that his right hand was amputated and that he wears a prosthetic. Multiple medical records reviewed from primary treating physician. Last note available was 1/28/14. Several progress reports are hand written and are barely, if not completely illegible. Most legible and complete note is from 12/19/13 which was the initial assessment and report. Patient complains of right elbow pain. Pain is 8/10. Patient also has burning pain to wrist stump and is 8/10 intensity. Objective exam note from progress notes are very brief and limited and basically states "R wrist/elbow s/p amputation tender to palpation." Nothing else is legible. Note from 12/19/13 states that R shoulder exam was normal; R elbow has tenderness to palpitation with associated spasms of R elbow. (A note mentions that patient is status post elbow amputation?) R wrist exam is tenderness and spasms of R wrist and is post hand amputation. There is noted decreased range of motion of R elbow and R wrist. A note mentions a concern for phantom limb syndrome or potential reflex sympathetic dystrophy. Report states that physical therapy is to "increase range of motion, improve overall functional capacity/activities of daily living and expedite return to work." A note mentions that patient is getting acupuncture. There are vague reports of patient getting physical therapy after the amputation but no details are available. Medication list from 12/19/13 is Norco, Codeine, Lisinopril, Metformin, insulin and Simvastatin. Note mentions starting Gabapentin and other creams. Utilization review is for Initial Functional Capacity Evaluation. Prior UR on 1/9/14 recommended non-certification. Of note, a functional capacity evaluation was actually performed despite non-certification on the patient on 1/14/14. However that report does not

change the initial request and the other documentation provided by the treating physician to assess medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATION, Chapter 7 and ODG (Fitness for Duty Chapter)., and CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: As per ACOEM guidelines, a Functional Capacity Evaluation may be considered to assess a patient's medical impairment into functional limitations and work capacity. As per primary treating physician documentation, patient has pain to the affected amputated limb and decreased range of motion but all other limbs are not affected. A FCE may be useful to determine actual work capacity despite the R hand amputation and to determine actual rehabilitation and treatment plan. FCE is medically necessary.