

Case Number:	CM14-0139770		
Date Assigned:	09/08/2014	Date of Injury:	09/17/2011
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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 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:

Patient is a 30 year old male with a date of injury on 9/17/2011. Diagnoses include crush injury of left thumb and index finger, left index finger amputation, left shoulder impingement, and rule out complex regional pain syndrome. Subjective findings indicate that the patient is undergoing occupational therapy and has completed 13 visits. Physical exam shows wound is healing and no drainage, and there is improved range of motion. Medications consist of tramadol three times a day. Request is for a functional capacity evaluation to assess work capability and functional limitations.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. 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. The ODG recommends considering an FCE if case management is hampered by complex issues such as: Prior unsuccessful return to work attempts. Conflicting medical reporting on precautions and/or fitness for modified job, or patient is close or at maximum medical improvement (MMI). For this patient with a finger amputation and thumb surgery, documentation states that a functional capacity exam would help determine patient's permanent restrictions for return to work. It appears that this patient is near MMI and is in need of evaluation to determine work capacity and functional limitations. Therefore, a functional capacity evaluation is medically necessary.