

Case Number:	CM14-0154060		
Date Assigned:	09/23/2014	Date of Injury:	09/17/2013
Decision Date:	10/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

This is a 54-year-old male who reported an industrial injury to the left hand on 9/17/2013, 13 months ago, attributed to the performance of his usual and customary job tasks. The patient is been treated 13 months for a left-hand medical fracture. The patient continues to complain of moderate stabbing throbbing pain to the third, fourth, fifth digits of the left hand. The pain is aggravated by cold weather. The patient previously received sessions of physical therapy directed to the left hand and medical fracture; however, he was discharged as having reached the maximum benefit from therapy. The patient was discharged from PT on 6/13/2014. The objective findings on examination included slight tenderness in the left hand over the ring finger medical shaft, swelling and diminished range of motion of the fingers. The diagnosis included left ring finger medical shaft fracture, left middle finger pain, left ring finger with decreased range of motion at the proximal interphalangeal joint. The patient was placed on modified work. The treatment plan included 12 additional sessions of occupational therapy and a FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty chapter functional capacity evaluation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 pages 132-139; chapter 7 pages 137-138

Decision rationale: The request for a FCE for the diagnosis of left hand 4th digit metacarpal fracture pain was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified such as prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for reported chronic left hand pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient over two years after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline" which was adequately provided with the documented physical examination. There are no recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to the left hand fourth digit metacarpal fracture diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the neck and BUEs. There is no demonstrated medical necessity for the FCE for the diagnosed left hand pain. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a final "baseline." There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective evidence.

Prospective request for 12 occupational therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and hand complaints PT/OT;

Decision rationale: The patient has been documented have received prior sessions of physical therapy/occupational therapy for the stated diagnoses of left hand pain issues attributed to the metacarpal fracture of the fourth digit, attributed to the cited diagnoses and exceeded the number recommended by evidence-based guidelines. There is no evidence that the patient is participating in a self-directed home exercise program. There is no objective evidence documented by on physical examination that demonstrates the medical necessity of additional PT/OT over the participation of the patient in HEP. The request for ten additional sessions of PT/OT directed to the hand as opposed to a self-directed home exercise program is not supported with objective evidence to demonstrate medical necessity. The patient is not demonstrated to have any weakness or muscle atrophy to the left hand. The patient is permanent and stationary and is documented to have received maximal medical benefit from the prior sessions of physical therapy/Occupational Therapy received directed to the left hand digits.