

Case Number:	CM14-0020058		
Date Assigned:	04/25/2014	Date of Injury:	08/07/2013
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopaedic Surgery 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 records reviewed noted the date of injury as August 7, 2013. The current diagnosis includes disorders of the shoulder and wrist. It is noted that this 51-year-old individual caught her left hand in a pasta machine resulting in partial amputation of the left thumb and index finger. There is continued wrist and hand pain. Surgical intervention for re-anastomosis of the digits did not succeed. A decrease in grip strength is reported. Plain films noted the traumatic amputations of the distal aspect of the thumb and index finger. Surgical amputation at the IP joint of the thumb and the PIP joint of the index finger has been completed. Multiple sessions of physical therapy were completed as well. Functional Capacity Evaluation (FCE) has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty-Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: The injury was limited to the distal aspect of the left upper extremity. A partial amputation of the thumb and index finger is noted. Surgical reattachment was not successful and the amputations were surgically completed. There is no indication that the right upper extremity, bilateral lower extremities, or any other functional aspect of the person were compromised in this injury. As such, there is little data to be gained from a functional capacity evaluation when noting the injury sustained. There are significant vocational issues; however, a functional capacity evaluation will not alter that scenario. Furthermore, there is no indication of a work hardening protocol until a vocational assessment is completed so as to determine what type of occupation the injured employee can return to. As such, there is insufficient clinical information presented to support this request.