

Case Number:	CM14-0021972		
Date Assigned:	05/09/2014	Date of Injury:	06/13/2013
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 43-year-old male who reported an injury on 06/13/2013. Worker was injured when an oven door slammed on his left hand. Within the clinical note dated 12/27/2013, the injured worker complained of pain to the elbow, left wrist, left hand, left finger and 2nd digit, 3rd digit and 4th digit. Upon physical exam, the provider noted the injured worker had decreased range of motion of the wrist on the left side, a positive Phalen's test on the left, and a positive reverse Phalen's scar to the left hand. The diagnoses included sprain and strains of the wrist, pain in the limb. The clinical note dated 04/21/2014 reported the injured worker complained of residual left hand and finger pain post finger fractures. He completed physical therapy. He reported doing a home exercise program. Upon the physical examination the provider noted tenderness over the previous fracture sites. The injured worker continued with decreased grip strength. The provider requested a Functional Capacity Evaluation. However, rationale for the request was not provided for review. The Request for Authorization was submitted and dated 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: 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-TWC), Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The CA MTUS/American College of Occupational and Environmental Medicine guidelines note it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination, under some circumstances, this can be best done by ordering a Functional Capacity Evaluation of the injured worker. The Official Disability Guidelines further state a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. A Functional Capacity Evaluation is not recommended for routine use, as part of occupational rehab or screening, or generic assessment in which the question is whether someone can do any type of job generally. There is a lack of documentation submitted indicating how the Functional Capacity Evaluation will aid the provider in the injured worker's treatment plan and goals. There is lack of documentation indicating the efficacy of the injured worker's prior courses of treatment. There is a lack of significant functional deficits. The documentation submitted failed to specify if the provider intended the injured worker to undergo a work hardening program. The provider's rationale for the request was not provided within the medical records. Therefore, the request for Functional Capacity Evaluation is not medically necessary.