

Case Number:	CM14-0039879		
Date Assigned:	06/27/2014	Date of Injury:	11/26/2013
Decision Date:	11/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopedic 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:

This 31-year-old male construction worker sustained an industrial injury on 11/26/13. Injury occurred when a piece of iron fell, smashed and lacerated his right index finger. The patient underwent right index finger extensor tendon repair surgery on 12/2/13. The 2/13/14 initial treating physician report cited constant mild to moderate pain in the right index finger, distal interphalangeal (IP) joint and middle phalanx. Pain was associated with constant numbness on the radial aspect of his right index finger distal to the proximal IP joint and occasional mild swelling of the index finger. Pain increased with repetitive flexion, grasping, gripping, pushing, pulling and twisting. Pain was rated 3 to 6/10. He complained of loss of grip strength and sensation. The distal IP joint was very stiff. The patient was using a plastic splint at night. He was not taking any medications. Physical exam documented numbness on the radial aspect of the right index finger, distal phalanx, and distal aspect of the middle phalanx and 5-/5 right finger flexion strength. There was no flexion at the distal IP joint. X-rays of the right second digit documented focal osteopenia of the distal phalanx, possibly suggestive of osteomyelitis. The diagnosis was right index finger contusion and laceration, possible non-displaced fracture at the neck of the middle phalanx, and disuse osteopenia. The patient was to continue physical therapy and follow-up with the hand surgeon. No medications were prescribed. Authorization was requested for baseline functional capacity evaluation to assess activities of daily living, continued orthopedic consults with the hand surgeon, and urine drug testing to monitor adherence to a prescribed drug regime. The 2/28/14 utilization review denied the request for functional capacity evaluation as guidelines criteria were not met relative to being at or close to maximum medical improvement, prior unsuccessful return to work attempts, conflicting medical reporting on precautions or fitness for modified work, or injuries required the detailed exploration of work abilities. Orthopedic consultation with a hand surgeon was denied as there

was no documentation of a failed response to conservative treatment. The request for urine drug screen was denied as there was no documentation that the patient was taking opioid medications or that initiation of opioid therapy was being considered.

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, Fitness For Duty

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, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: The California MTUS guidelines state that there is little evidence that functional capacity evaluations (FCE) predict an individual's actual capacity to perform in a workplace citing that an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances. The Official Disability Guidelines support the use of an FCE when the patient is close to or at maximum medical improvement and the worker is actively participating in determining the suitability of a particular job. The guidelines state that an FCE should not be performed if the sole purpose is to determine a worker's effort or compliance. Guideline criteria have not been met. Functional capacity evaluations are supported to determine the suitability of a particular job. The use of an FCE to assess baseline functional capacity in activities of daily living is not a supported indication. Therefore, this request is not medically necessary.

Orthopedic consult with hand surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This patient is status post right index finger extensor tendon repair with radiographic findings of possible osteomyelitis or non-displaced fracture. There is residual numbness and lack of

functional mobility and strength. The continued monitoring by the hand surgeon is reasonable. Therefore, this request is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates , steps to avoid misuse/addiction Substance abuse (toler. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support urine drug testing if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Guideline criteria have not been met. The patient was not using any medications nor was medications prescribed. There is no evidence that opioid therapy was planned. Therefore, this request is not medically necessary.