

Case Number:	CM14-0043287		
Date Assigned:	07/02/2014	Date of Injury:	06/25/2013
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 and Rehabilitation 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 patient is a 33 year-old man who sustained a partial amputation to his left thumb on 6/25/2013. He underwent flap reconstruction on 6/26/2013. The medical records indicate the injured worker received 5 sessions of hand therapy. Physical exam indicates a healing incision and interphalangeal motion with the nail absent distally and ulnarly. Diagnosis: 1. Traumatic partial left thumb amputation

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138, and on the Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Work Hardening.

Decision rationale: Medical records documenting the request for a functional capacity evaluation were not provided. The reports available to the utilization review physician were not available for review. There was no documentation from the primary treating physician stating medical justification for a FCE (functional capacity evaluation). The only indication for a FCE in the ODG hand chapter is as part of a work hardening program. There is no indication a work

hardening program is being requested in any of the medical records provided for review. Therefore, the request is not medically necessary.