

Case Number:	CM14-0046819		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2013
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/14/2014

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 Illinois. 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 38-year-old female who reported an injury on 02/09/2013. The mechanism of injury was noted to be her right index finger being smashed and cut after being caught in the chain of a machine. Her treatments were noted to be physical therapy and surgery. Her diagnoses were noted to be status post open reduction internal fixation of the right index finger and rule out carpal tunnel syndrome. A clinical evaluation on 02/24/2014 indicated that the injured worker complained of right hand pain, right hand weakness and right index finger stiffness. The objective findings were swelling of the proximal segment, right index finger, and decreased range of motion of the right index finger with inability to make a full fist. There was weakness to the right hand grip. An EMG/nerve conduction velocity study was negative. The treatment plan was to restart physical therapy in order to improve range of motion, strength and function. There was a recommendation for a Functional Capacity Evaluation. The Request for Authorization for Medical Treatment was not provided within the documentation. The provider's rationale for the requested Functional Capacity Evaluation was provided within the clinical evaluation treatment plan dated 02/24/2014.

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 ACOEM Chapter 7, ODG (Official Disability Guidelines).

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).

Decision rationale: The request for a Functional Capacity Evaluation is non-certified. The Official Disability Guidelines recommend a Functional Capacity Evaluation. This must be prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific Functional Capacity Evaluations are more helpful than general assessments. The most recent clinical evaluation dated 02/24/2014 failed to provide documentation of a work hardening program following the recommendation for this Functional Capacity Evaluation. The evaluation provided for review does not indicate a specific task or job. The documentation does not indicate that the injured worker is actively participating in determining her suitability of a particular job, thus providing the efficacy of a functional capacity program. The clinical evaluation does not note collaborative involvement with the injured worker. Thus, the request does not fall under the criteria recommended by the guidelines. Therefore, the request for a Functional Capacity Evaluation is non-certified.