

Case Number:	CM14-0071813		
Date Assigned:	07/16/2014	Date of Injury:	11/02/2013
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 36-year-old male who reported an injury on 11/02/2013. He sustained injury to his distal thumb when getting stuck on a metal chain. The injured worker's treatment history included x-rays, surgery, and medications. The injured worker was evaluated on 03/06/2014, and it was documented the injured worker was there for a follow-up appointment for the right thumb partial amputation. Physical examination of the right thumb revealed secondary intention was healing very well with a small punctate lesion at the distal end of the right thumb, but otherwise the contour of the distal segment thumb and nail bed was very good at that time. The injured worker had x-rays of the right thumb that revealed the partial amputation of the distal tuft of the right thumb. The IP joint was otherwise aligned with good soft tissue covering the distal end of the bone evident by X-ray. Diagnoses included right thumb secondary to the partial amputation. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Functional Capacity Evaluation Chronic Pain.

Decision rationale: The request for the functional capacity evaluation is not medically necessary. In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states 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 effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 03/06/2014 why the injured worker needs a functional capacity evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a functional capacity evaluation on the injured worker is not medically necessary.