

Case Number:	CM14-0093314		
Date Assigned:	09/26/2014	Date of Injury:	02/15/2013
Decision Date:	10/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 36 year old male who was being followed for hand pain and metacarpal fracture as a result of an industrial injury. The date of injury was 02/15/13 and the mechanism of injury was cutting of the left thumb while cutting plywood with a skillsaw. The request was for an outpatient functional capacity evaluation of the left hand. His treatment included physical therapy, medications, open reduction and internal fixation of first metacarpal in 2013, removal of hardware for painful hardware in 2014 and thumb spica wrist support. His medications included Norco and Anaprox. His diagnoses also included cervical musculoligamentous strain, left shoulder sprain/strain/tendinopathy/impingement per magnetic resonance imaging (MRI) dated 11/21/13, depression and sleep disturbance. His work status was that he was not working. The progress notes from 05/12/14 was reviewed. Subjective complaints included pain in left thumb radiating to left upper extremity. Examination findings included positive thenar tenderness of left upper extremity, intact sensation and weakness with thumb extension and flexion. The assessment included left hand first metacarpal fracture, pain in hand joint and tenosynovitis of hand. The plan of care included functional capacity evaluation for left hand to give permanent restrictions, refilling medications. According to the qualified medical examiner evaluation done in Sept 2014, he was not sure if he can return to work at all. He had not been going to school or had any job retraining or taking classes since the injury.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation

Decision rationale: The employee was a 36 year old male who sustained an industrial injury to his left thumb in 2013. Subsequently he had open reduction and internal fixation followed by removal of hardware in 2014. He had continued to have left upper extremity pain and neck pain. His diagnoses also included cervical musculoligamentous strain, left shoulder sprain/strain/tendinopathy/impingement per magnetic resonance imaging (MRI) dated 11/21/13, depression and sleep disturbance. His work status was that he was not working. According to the qualified medical examiner from Sept 2014, there were no plans for him to return to work. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, FCEs are recommended to translate medical impairment into functional limitations and to determine work capability. The guidelines also state that these evaluations are deliberately simplified evaluations that are not an accurate representation of what a patient can or cannot do in the work place. They are highly effort dependent and merely reflect what a patient chooses to perform on a certain day. According to Official Disability Guidelines, Functional Capacity Evaluation (FCE) should be considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The employee was on temporary total disability, without any intention to return to work. There is no evidence of prior unsuccessful return to work trials that might make a case for FCE testing. In addition, there was no documentation with conflicting precautions and/or fitness for modified job that would necessitate an FCE. Hence the request for functional capacity evaluation is not medically necessary and appropriate.