

Case Number:	CM15-0221955		
Date Assigned:	11/17/2015	Date of Injury:	09/01/2011
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/11/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 57-year-old female with a date of industrial injury 9-1-2011. The medical records indicated the injured worker (IW) was treated for status post right third digit trigger finger release. In the Doctor's First Report of Occupational Injury (10-6-15), the IW reported constant pain in the right hand radiating to the thumb and third finger, associated with tingling and swelling of the hand and fingers. She complained of loss of grip strength and locking of the thumb at times. On examination (10-6-15 notes), the sutures were still intact in the right hand and the area was healing. Treatments included right third finger trigger finger release and cortisone injection. The IW was temporarily totally disabled. The records reviewed showed the IW had previously returned to work with modifications. A Request for Authorization was received for a functional capacity evaluation (FCE). The Utilization Review on 10-23-15 non-certified the request for a functional capacity evaluation (FCE).

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 Medical Treatment 2009.

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 chapter, under Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

Decision rationale: The patient presents on 10/06/15 with right hand pain which radiates into the thumb and third finger, with associated numbness, tingling, weakness, and swelling of the affected hand. The patient's date of injury is 09/01/11. Patient is status post trigger finger release surgery and presents with surgical sutures in place. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA was not provided. Physical examination dated 10/06/15 reveals healing in-place sutures from recent trigger finger release surgery. No other physical findings are included. The patient's current medication regimen is not provided. Per 10/06/15 progress note, the patient is currently classified as temporarily totally disabled for 6 weeks. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137 states, the examiner is responsible for determining whether the impairment results in functional limitations the employer or claim administrator may request functional ability evaluations there is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness for Duty chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessments of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request IS NOT medically necessary.