

Case Number:	CM15-0051574		
Date Assigned:	03/25/2015	Date of Injury:	07/22/2013
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female who sustained a work related injury July 22, 2013. Past history included right trigger finger release September, 2014. According to a primary treating physician's follow-up evaluation dated February 5, 2015, the injured worker presented for examination and was found to have mild pain, right index finger over the A1-pulley. There is a palpable nodule measuring approximately 0.5 x 0.5cm without evidence of erythema or cellulitis. There was no significant range of motion limitation. Diagnosis is documented as right index finger release. Treatment plan and recommendations included home exercise and massage, finish physical therapy, functional capacity evaluation and close case with future medical for medication and follow-up as needed. The IW had completed 15 postoperative PT treatment sessions.

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 pp 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 7, 81, 137. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hand.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that Functional Capacity Evaluation can be utilized for Return to Work planning after active treatment programs have been completed. The records did not show subjective or objective findings consistent with significant limitation of the right index finger function. The finger status was not noted to significantly affect the function of the left upper extremity. The requirement for medical care for the work injury was noted to be at or near completion. The criteria for final Functional Capacity Evaluation of the right index finger was not met. Therefore, this request is not medically necessary.

Range of motion for right index finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Examination.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 21, 81, 137. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hand and Upper Extremity.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that Functional Capacity Evaluation including Range of motion tests can be utilized for Return to Work planning after active treatment programs have been completed. The records did not show subjective or objective findings consistent with significant limitation of the right index finger function or range of motion. The finger status was not noted to significantly affect the function of the left upper extremity. The requirement for medical care for the work injury was noted to be at or near completion. The criteria for Range of motion test of the right index finger was not met. Therefore, this request is not medically necessary.

Physical Therapy (18-sessions, 3 times a week for 6 weeks for the right index finger):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Page(s): 22, 96-99.

Decision rationale: The CA MTUS-ACOEM and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for the treatment of musculoskeletal injury. The guidelines recommend that patient continue with a home exercise program after completion of supervised

PT treatments. The records did not show subjective or objective findings consistent with significant limitation of the right index finger function. The finger status was not noted to significantly affect the function of the left upper extremity. The patient had completed 15 PT following the 2014 right index finger surgery. The requirement for medical care was noted to be at or near completion. The criteria for Physical Therapy for right index finger was not met. Therefore the request is not medically necessary.