

Case Number:	CM15-0082719		
Date Assigned:	05/05/2015	Date of Injury:	11/07/2014
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational Medicine

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 63-year-old male, with a reported date of injury of 11/07/2014. The diagnoses include injury to the left middle finger, left wrist and hand sprain/strain, and peripheral neuropathy. Treatments to date have included oral medications, and x-rays of the left hand. The Doctor's First Report of Occupational Injury or Illness dated 03/19/2015 indicates that the injured worker continued to experience increased pain and symptoms after cutting his left middle finger on the left hand. He complained of occasional, dull left middle finger and left wrist pain. The objective findings include decreased left wrist range of motion, increased mild to moderate pain in the left wrist region with active range of motion, decreased left middle finger range of motion, inability to make a fist on the left side due to increased symptoms, inability to bend the middle finger, and mild to moderate tenderness to palpation of the left wrist throughout the region. The treating physician requested a physical performance test to determine work restrictions. On 04/02/2015, Utilization Review (UR) denied the request because it was unclear what performance testing would add to the physical findings already obtained or to a progressive return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Physical performance test is not medically necessary.