

<b>Case Number:</b>	CM14-0118645		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Nevada. 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 records presented for review indicate that this 32-year-old gentleman was reportedly injured on November 26, 2013. The mechanism of injury is noted as cutting the right index finger on a metal ramp. The most recent progress note, dated February 13, 2014, indicates that there were ongoing complaints of pain at the right index finger with numbness at the radial aspect, swelling, and decreased grip strength. The physical examination demonstrated decreased range of motion of the right index finger any mild nail deformity. Diagnostic imaging studies of the right index finger, dated February 13, 2014, reveals a nonspecific focal osteopenia of the distal phalanx. Previous treatment includes right index finger surgery. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on July 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Final functional capacity evaluation: 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 (ODG), Fitness for Duty, Functional Capacity Evaluation, September 23, 2014.

**Decision rationale:** According to the Official Disability Guidelines a functional capacity evaluation is only indicated if there have been prior unsuccessful work attempts or the injured employees close to wear at MMI and there are concerns regarding precautions or fitness for a modified job. A review of the medical records indicates that the injured employees work restrictions were clearly outlined according to his abilities. As such, this request for a functional capacity evaluation is not medically necessary.