

Case Number:	CM14-0118652		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2014
Decision Date:	12/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This employee, a packer, states she was injured 6/9/14, a crush injury to the left hand. She states that she was lifting a box weighing 40 pounds from below the waist level. As she was placing the box on the conveyor belt in front of her, she felt a pulling sensation in her left hand/wrist, followed by pain. Her hand got caught between the conveyor belt and metal rollers. She sustained bruising and swelling into the palm, and two lacerations. She has complaints of numbness and tingling. The symptoms awaken her at night. She has had physical therapy (PT) and magnetic resonance imaging (MRI) approved. The results of each is not available with this review. She is appealing the 7/18/14 denial of a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Guidelines

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): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) practice guideline state to consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. It can be done to delineate patient capabilities more precisely than can be done from a routine physical examination. The ODG outlines the following criteria for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. There is no information supporting the need for an FCE, only ver preliminary reports in her records brought forth for review. At the time of the reports, she wasn't even a month out from her injury, so not near to MMI. There is no explanation for the need to FCE that the provider shares. There is no indication of conflicting medical reporting, the need for a detailed exploration of her abilities. She is not close to MMI. There was no need to clarify additional conditions. There was no record of unsuccessful return to work attempts. There was no request for work hardening. She has not proved medical necessity for obtaining an FCE. The treatment is not medically necessary and appropriate.