

Case Number:	CM14-0158526		
Date Assigned:	10/02/2014	Date of Injury:	06/14/2012
Decision Date:	12/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/26/2014

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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, hand, and wrist pain reportedly associated with an industrial injury of June 14, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; MRI imaging of the hand of August 19, 2014, notable for subchondral cyst, and otherwise unremarkable, with some technical limitations appreciated about the hand study; wrist splinting; electrodiagnostic testing of bilateral upper extremities of August 28, 2014, interpreted as normal; and extensive periods of time off of work. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a request for a functional capacity evaluation. The claims administrator incidentally noted that the applicant had undergone an open reduction and internal fixation of the first metacarpal on June 15, 2012, with subsequent MP dorsal capsulotomy and apparent vascular bypass surgery following fairly major industrial contusion injury. The applicant later went on to undergo left thumb abduction contracture release, it was further noted. The claims administrator invoked Non-MTUS Official Disability Guidelines and denied the functional capacity evaluation, despite the fact that the MTUS did address the topic. In a September 25, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of left hand pain. Overall documentation was sparse. The applicant was kept off of work and asked to obtain physical therapy, EMG testing, and an FCE. The applicant was asked to employ a left thumb spica splint.

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 Official Disability Guidelines (ODG), 2014, Internet Version; Fitness for duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering FCE testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant is intent on returning to the workplace and/or workforce. It did not appear that the applicant has a job to return to, it is further noted. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that FCE may be required as a precursor to admission to a work hardening program, in this case, there is no evidence that the applicant is actively considering or contemplating any kind of work hardening program. It is not clear why a formal quantification of the applicant's ability and capability is being sought via the FCE testing at issue. Overall, documentation was sparse and did not contain any rationale or commentary as to why the FCE was being sought. Therefore, the request is not medically necessary.