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| Case Number: | CM15-0010340 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 06/11/2013 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 06/11/2013. He has reported right hand long finger pain. The diagnoses have included right hand long finger amputation with osteomyelitis by history. Treatment to date has included medications and surgical intervention. A progress note from the treating physician, dated 12/05/2014, documented a follow-up evaluation of the injured worker. The injured worker reported intermittent moderate pain in the right long finger; and hardening under the amputated finger has been bothersome. Objective findings revealed an amputated right long finger with a well-healed stump; tenderness to palpation diffusely over the residual long finger. The treatment plan includes request for physical therapy and for functional capacity evaluation; and follow-up evaluation as scheduled. On 01/05/2015 Utilization Review non-certified a prescription for Functional Capacity Evaluation (FCE); and a prescription for Physical Therapy two times a week for four weeks. The CA MTUS, Chronic Pain Medical Treatment Guidelines; and the ODG, Forearm, Wrist, & Hand were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a prescription for Functional Capacity Evaluation (FCE); and a prescription for Physical Therapy two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 (pp 132-139) Official Disability Guidelines - Guidelines for Performing a FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case the claimant's work functioning can be determined from the numerous therapy sessions provided. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Forearm, Wrist, and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand pain, physical therapy and amputation

Decision rationale: According to the ODG guidelines, up to 18 visits are appropriate for medical management/physical; therapy after amputation of a finger. In this case, the claimant had received over 40 sessions of physical therapy. The MTUS guidelines notes that therapy should be performed in a fading frequency. There was no indication that continued therapy cannot be continued at home. The request for 8 additional therapy visits is not medically necessary.