

Case Number:	CM15-0074402		
Date Assigned:	04/24/2015	Date of Injury:	11/07/2014
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation

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 patient who sustained an industrial injury on 11/07/2014. A primary treating office visit dated 11/10/2014 reported present complaint of pain in left middle finger status post work injury. He was treated in an emergency department, sutured the wound, and given an antibiotic and Norco for pain management. Current medications showed Meloxicam, and he was given a TDAP injection. There were no narcotics given this visit. The expected maximum medical improvement date is 12/31/2014. He is to return to modified work duty 11/10/2014. A primary treating office visit dated 11/24/2014 reported the patient with subjective complaint of right middle finger pain described as a mild, dull pain. He is diagnosed with open wound finger and to return to modified work duty.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with pain to left wrist and left middle finger. The request is for Physical Performance Test. Patient's diagnosis per Request for Authorization form dated 03/20/15 includes injury to left middle finger, and left wrist/hand sprain/strain. Physical examination on 03/19/15 revealed decreased range of motion to the left wrist and middle finger; hyperesthesia on the left upper extremity at the C7 dermatome. Patient is unable to make a fist with left hand due to increased symptoms, and middle finger will not bend completely. Treatments included chiropractic, physical therapy, injection and medications. The patient may return to modified duty, per 03/19/15 treater report. MTUS does not discuss functional capacity evaluations or physical performance test. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations; may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Per 03/19/15 progress report, treater requests that patient "receive a Physical Performance Test (PPT) to determine work restrictions. This recommendation is per En Banc Decision of Escobedo vs. Marshalls, to be substantial evidence, a medical report must be framed in terms of reasonable medical probability, it must not be speculative, it must be based on pertinent facts and on an adequate examination and history, and must set forth reasoning in support of its conclusions. The goal of this PTP is to assess current work capability. This test will provide indication of the individual's ability to perform certain job tasks and return to work status." However, this request for physical performance test/functional capacity evaluation is from the employer or claims administrator. Furthermore, ACOEM does not support FCE, as it does not adequately predict a person's ability to work. Per ACOEM, there is lack of evidence for FCEs in predicting the patient's actual capacity to do work. Therefore, the request for Physical Performance Test is not medically necessary.