

Case Number:	CM15-0076603		
Date Assigned:	04/28/2015	Date of Injury:	01/03/2015
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 42 year old male, who sustained an industrial injury on 1/3/2015. He reported cutting a finger on a meat slicer. The injured worker was diagnosed as having finger laceration, left hand 3rd digit amputation. Treatment to date has included medications, emergency room treatment, and wound care. The request is for functional capacity evaluation, and Cyclo/Tramadol cream. On 3/9/2015, he complained of continued pain of the middle left middle finger with radiation to the left hand up to the left elbow and shoulder. The records indicate his finger wound to be healing well. The treatment plan included continuation of Ibuprofen, and Cyclo/Tramadol topical cream.

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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132 - 139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The documentation indicates that the patient was requested to have an FCE as well as physical therapy and acupuncture. There are no documents revealing complex work issues or prior return to work attempts. The request for an FCE at this time is not appropriate as the patient is beginning treatment for his injury. The request for a functional capacity evaluation is not medically.

Cyclo-tramadol cream: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Cyclo-tramadol cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. There is no support in the MTUS for topical Tramadol. The request does not specify a quantity. There are no extenuating circumstances that would necessitate this cream therefore the request is not medically necessary.