

Case Number:	CM15-0090635		
Date Assigned:	05/14/2015	Date of Injury:	12/19/2014
Decision Date:	06/17/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania
 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 49-year-old female, with a reported date of injury of 12/19/2014. The diagnoses include left hand contusion, left ring trigger finger, left long trigger finger, left middle finger stenosing tenosynovitis, and left ring finger stenosing tenosynovitis. Treatments to date have included physical therapy, left middle finger A1 pulley release and left ring finger A1 pulley release on 04/03/2015, and steroid injection. The initial hand consultation dated 03/03/2015 indicates that the injured worker complained of moderate pain with attempted flexion and extension of the left middle and ring finger. She also complained of frequent episodes of triggering of the left middle and ring finger. The physical examination showed soft tissue swelling of the mid palmar aspect of the left hand; tenderness with mild palpation over the A1 pulley involving the left middle and ring fingers; pain with passive extension of the left middle and ring finger; and triggering upon flexion of the left middle and ring fingers. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested a functional capacity evaluation (FCE) for the left hand, and return to clinic (RTC) four to six (4-6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The ACOEM, advises that in the evaluation of acute and subacute complaints, to "consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." In this case however, it is not clear why the functional capacity evaluation is being ordered. No impairments were noted in the progress note of 4/21/2015, which was the only progress note from the requesting physician available for review. The only complaint listed was left hand pain and discomfort but no complaint of functional impairment was mentioned. The need for a functional capacity evaluation was not discussed. Medical necessity for a functional capacity evaluation has not been established.

RTC 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The ACOEM states, "Even when the medical condition is not expected to change appreciably from week to week, frequent follow-up visits are warranted for monitoring in order to provide structure and reassurance." According to the progress note of 4/21/15, which was the only progress note from the requesting provider available for this review, the worker has been referred to physical therapy. A follow up visit to assess progress is appropriate. Therefore, the requested treatment is medically necessary.