

Case Number:	CM15-0096037		
Date Assigned:	05/26/2015	Date of Injury:	05/19/2014
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: Massachusetts

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

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 53-year-old female, with a reported date of injury of 06/19/2014. The diagnoses include complex regional pain, left second index finger injury, and left finger pain. Treatments to date have included x-rays of the left second digit with negative findings; left stellate ganglion block under fluoroscopic guidance on 03/24/2015; and electrodiagnostic studies of the upper extremities on 02/23/2015, which showed symmetrical findings with respect to median nerve abnormalities. The physiatric occupational report dated 03/02/2015 indicates that the injured worker continued to complain of left second digit pain and left hand swelling. There was no new numbness, tingling, or weakness reported. The physical examination showed tenderness to palpation over the anterior and posterior aspect of the distal phalanx of the left second digit; less tenderness to palpation over the DIP (distal interphalangeal joint), PIP (proximal interphalangeal joint), and MCP (metacarpophalangeal joint) areas of the same digit; inability to make a full fist with the left hand; inability to fully close the left second digit; present allodynic sensations over the left second digit; limited motor testing of the left second digit due to pain; hyper erythema at the left second digit in comparison to the right second digit; and the left second digit was warmer than other fingers on both sides. The treating physician requested baseline work capacity evaluation and ten four-hour work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline work capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 127-146 Official Disability Guidelines (ODG), fitness for duty chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work injury on 06/19/14 with injury to the left index finger. Treatments have included occupational therapy. When seen, there had been no improvement after a stellate ganglion block. She was having increased left shoulder soreness. She had not been able to tolerate a progression in her work restrictions. Physical examination findings were consistent with CRPS. She was considered at or near permanent and stationary status. Authorization for a capacity evaluation and work hardening was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.

4 Hour work hardening 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, work conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

Decision rationale: The claimant sustained a work injury on 06/19/14 with injury to the left index finger. Treatments have included occupational therapy. When seen, there had been no improvement after a stellate ganglion block. She was having increased left shoulder soreness. She had not been able to tolerate a progression in her work restrictions. Physical examination findings were consistent with CRPS. She was considered at or near permanent and stationary status. Authorization for a capacity evaluation and work hardening was requested. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no defined return to work plan, which would be dependent on the results of the functional capacity evaluation, which was also being requested. Without knowing the claimant's expected capacity and comparing this with his job demands, work hardening at this time cannot be considered medically necessary.