

Case Number:	CM15-0097779		
Date Assigned:	05/29/2015	Date of Injury:	10/31/2013
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 46-year-old female, who sustained an industrial injury on 10/31/2013, while employed as a cashier. She reported pain in her right hand when lifting a heavy bag. The injured worker was diagnosed as having rule out complex regional pain syndrome. Treatment to date has included diagnostics, physical therapy, cortisone injection, right hand surgery on 8/18/2014 for right hand ligament repair, and medications. Currently, the injured worker complains of recurring headaches (rated 6/10), associated with right hand pain, and right hand pain (rated 9/10), with radiation to the right arm, wrist, forearm, and fingers. Her work status was total temporary disability. She also reported numbness and tingling, with burning sensations and weakness with loss of grip in the forearm and hand. In addition, she experienced dizziness, anxiety, depression, and difficulty sleeping due to her work related trauma and stress. An automobile accident was noted in 12/2014, with re-injury to her right hand. Current medications included Zoloft, Xanax, and aspirin. Exam noted decreased range of motion in the right hand due to pain and decreased grip strength. The treatment plan included a functional capacity evaluation for the right hand. The rationale for the requested treatment was not documented. Electromyogram and nerve conduction studies of the right upper extremity (1/22/2015) were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation of the right hand: Upheld

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, page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section.

Decision rationale: This patient receives treatment for chronic pain of the right hand. This relates to a industrial injury claim from 10/31/2013. The patient did have surgery on the ligaments of the right hand. The physical exam shows weakness in the grip and some loss of ROM of the fingers. Electro diagnostic studies of the R arm and hand are normal. This review addresses a request for a functional capacity evaluation of the right hand. The treatment guidelines do not recommend a functional capacity evaluation, if it is to find out if a person's effort is optimal. The guidelines do recommend that an ergonomic assessment at the workplace be performed first. The functional capacity evaluation is not medically necessary.