

Case Number:	CM14-0147897		
Date Assigned:	09/15/2014	Date of Injury:	07/23/2014
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old male who reported an injury on 07/23/2014. The mechanism of injury occurred when the injured worker's right 5th finger got caught in between a lift and a trash container. The injured worker's diagnoses included crushing injury of finger. The prior treatment was not provided in the medical records. Diagnostic studies included an x-ray of the right hand and 5th finger. The injured worker's surgical history was not provided in the medical record. The injured worker complained of tenderness in the right distal interphalangeal joint with bruising at the nail bed and numbness at the tip. The clinical note dated 08/21/2014, noted the injured worker had pain and stiffness at the 5th finger and decreased range of motion of the distal interphalangeal joint and proximal interphalangeal joint. Medication included Naprosyn. The treatment plan was to prescribe Naprosyn. The physician recommended an initial Functional Capacity Evaluation, urine drug test, orthopedics referral and right hand x-ray. The patient was discharged to modified work with a followup in 3 weeks. The physician recommended a Functional Capacity Evaluation in order to objectify the injured worker's capability for the specific physical demands of his job. The Request for Authorization for the Functional Capacity Evaluation was dated 07/23/2014; however, the request for authorization for the urine drug screen was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluations: 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 ACOEM Chapter 1 Prevention Page(s): 21-22. Decision based on Non-MTUS Citation Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The request for a Functional capacity evaluation is not medically necessary. The California MTUS/ACOEM Guidelines note that functional capacity evaluation should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. The Official Disability Guidelines further indicate that a functional capacity evaluation is recommended prior to admission to a work hardening program. The functional capacity evaluation is considered when there is a prior unsuccessful return to work attempt, conflicting medical reports on precautions and/or fitness for a modified job, and injuries that require detailed exploration of a worker's ability. The guidelines note a functional capacity evaluation should not be performed if the sole purpose is to determine a worker's effort or compliance. In regards to the injured worker, the medical documentation submitted did not address any return to work attempts or unsuccessful return to work attempts. There is also no indication that the injured worker was recommended for a work hardening program. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for a functional capacity evaluation is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug test is not medically necessary. The California MTUS Guidelines recommend a drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. A urine drug screen would be appropriate for individuals prescribed opiate medications; however, there is no indication that the injured worker is prescribed an opioid medication. The requesting physician's rationale for the request is not indicated within the provided documentation. There is no documentation provided which demonstrates when the injured worker's last urine drug screen was performed. The provider failed to document an adequate and complete physical examination. Therefore, the request for Urine Drug Test is not medically necessary.

