MAXIMUS Federal Services

Case Number:	CM13-0017038		
Date Assigned:	10/11/2013	Date of Injury:	08/20/2012
Decision Date:	05/15/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/27/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant has filed a claim for chronic ankle pain reportedly associated with an industrial injury of August 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; and unspecified amounts of physical therapy over the life of the claim. In an earlier handwritten note of July 10, 2013, the applicant was described as reporting persistent 1-2/10 right foot pain. The applicant exhibited a normal gait, it was noted admittedly through the usage of preprinted checkboxes. Normal range of motion is also appreciated. The applicant was asked to continue topical Dendracin, home exercise program, and a TENS unit. A 30-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. Functional capacity testing was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138,Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does note that FCE testing can be employed as a precursor to enrollment in a work hardening or work conditioning course, in this case, however, there is no evidence that the applicant is, in fact, intent on enrolling in or attending work hardening or work conditioning. It is not clearly stated that the applicant has a job to return to and/or intends to return to the workplace and/or workforce. It is further noted that the Chapter 7 ACOEM Guidelines note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace or workforce. In this case, the attending did not furnish any applicant-specific rationale, narrative, or commentary along with the request for authorization which would offset the unfavorable MTUS and ACOEM recommendations. Therefore, the request is not certified.