

<b>Case Number:</b>	CM13-0043721		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 51-year-old male with date of injury on 03/21/2013. The progress report dated 10/15/2013 by [REDACTED] indicates that the patient's diagnoses include: 1. Fractured metatarsal. 2. Pain in joint ankle/foot. The patient continues to constant shooting pain that goes from the top of the foot to the right ankle. The patient reports that he is still waiting to see a surgeon. Physical exam indicates the patient was limping, wearing work boots. There was no swelling or heat at fracture site and reactive neuritis site. The request was made for functional capacity evaluation as the patient was not progressing with clinical presentation. The utilization review letter dated 10/22/2013 issued a noncertification of the functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Functional Capacity Evaluation for the left foot: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Ankle and Foot Complaints and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, American College of Occupational and Environmental Medicine (ACOEM), Functional Capacity Evaluation (FCE), pages 137 & 139

**Decision rationale:** The patient continues with right foot and ankle pain. The patient indicated he was still waiting to see surgeon. The treating physician requested a functional capacity evaluation and states this was requested due to the patient not progressing. ACOEM Guidelines page 137, 139 state that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. ACOEM further states that the treating physician may request functional capacity evaluation if he feels the information from such testing is crucial. ACOEM further states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. ODG Guidelines has the following regarding performing functional capacity evaluation: Case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities. The treating physician does not discuss any rationale as to why the functional capacity evaluation is crucial in this case. Therefore, recommendation is for denial.