

Case Number:	CM13-0048107		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2013
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 05/20/2013 after he stepped off of a platform onto his right foot which rolled inward causing the patient to fall to the ground. The patient's most recent clinical examination revealed the patient had low back pain rated at 7/10 that radiated into the lower extremities. The most recent evaluation of the right ankle was in 11/2013 that noted the patient had right ankle tenderness at the medial malleolus radiating into the leg. The patient's treatment history included physical therapy, chiropractic care, acupuncture, shockwave therapy, and medications. The patient's diagnoses included lumbar sprain/strain, myospasms, right ankle sprain/strain, and lumbosacral myofascial pain syndrome. The patient's treatment plan included Functional Capacity Evaluation for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation (FCE) of the right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work Conditioning/Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter

Decision rationale: The requested FCE for the right ankle is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a FCE prior to initiation of a work conditioning or work hardening program. The American College of Occupational and Environmental Medicine recommends the use of a FCE to obtain a more precise delineation of patient capabilities that is available from routine physical examination and notes. The clinical documentation submitted for review does not provide any evidence that the patient is a candidate for work conditioning or work hardening. Additionally, the clinical documentation does not provide an adequate assessment of the patient's right ankle to support the need for an additional examination. Official Disability Guidelines recommend FCEs for patients that are at or near maximum medical improvement. The clinical documentation submitted for review does not provide any evidence that the patient is at or near maximum medical improvement and would benefit from a FCE to determine the patient's physical demand level. Therefore, the need for a FCE is not established. As such, the requested FCE is not medically necessary or appropriate.