MAXIMUS Federal Services

| Case Number: | CM13-0064126 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 06/01/2011 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

## 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 patient is an employee of [redacted] and has submitted a claim for right foot pain with an industrial injury date of June 1, 2011. Treatment to date has included medications and physical therapy. Utilization review from December 3, 2013 denied the request for functional capacity evaluation because no information was available regarding the purpose and intent of the functional capacity evaluation. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right foot pain. On physical examination, vascular examination was within normal. Sensation was grossly intact to all digits. Tinel's sign was positive over tarsal tunnel of the right foot and ankle with pain radiating to the toes on percussion of the tibial nerve. There was tenderness to palpation of the medial aspect of the right ankle and right foot lateral to the cuboid. Motor strength was 4/5 on the right foot and ankle with pain on resisted muscle action. Range of motion was limited with severe pain at the medial ankle and tarsal tunnel during supination and dorsiflexion of the ankle. Gait was antalgic with shortened stride length and right-sided limb favoring and dependence on cane. An x-ray of the right foot dated January 22, 2014 showed osseous fragment seen on lateral to the cuboid.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM). And Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupation And Environmental Medicine (ACOEM) 2nd Edition, 7, pages 132-139.

**Decision rationale:** According to pages 132-139 of the ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no discussion regarding the indication for a functional capacity evaluation and whether this will be crucial to the management of the patient. Therefore, the request for Functional Capacity Evaluation is not medically necessary.