

<b>Case Number:</b>	CM13-0065109		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old male who reported an injury on 09/18/2013. The mechanism of injury was not stated. The current diagnosis is ankle sprain/strain. The injured worker was recently evaluated on 11/06/2013. The injured worker was currently working regular job duties and reported no new symptoms. Physical examination revealed restricted right ankle range of motion. The treatment recommendations at that time included continuation of physical therapy and a referral to a specialist.

### 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 MTUS ACOEM, Chapter 7-Independent Medical Examinations and Consultations, page 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when

reassessing function and functional recovery. Official Disability Guidelines state a functional capacity evaluation may be considered if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, the injured worker's physical examination only revealed slightly restricted range of motion of the right ankle. The injured worker demonstrated 5/5 motor strength, a normal gait, and intact sensation with normal deep tendon reflexes. The injured worker has returned to regular job duties. There is no documentation of a previous unsuccessful return to work attempt. Official Disability Guidelines further state a functional capacity evaluation should not be performed for the sole purpose to determine a worker's effort or compliance. The medical necessity has not been established. As such, the request is not medical necessary.