

Case Number:	CM14-0010809		
Date Assigned:	03/03/2014	Date of Injury:	04/23/2013
Decision Date:	07/21/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 a 29-year-old female who has submitted a claim for tibial sesamoiditis/synovitis, right first metacarpophalangeal joint; and right knee synovitis associated with an industrial injury date of April 23, 2013. Medical records from 2013 were reviewed. The patient complained of intermittent pain in the right great toe, grade 6/10 in severity. The pain has associated swelling and was worse on standing. Physical examination showed tenderness along the plantar aspect of the hallux around the tibial sesamoid. There was supple passive range of motion of the right hallux metatarsophalangeal as well as the interphalangeal joint. Flexion and extension of the right interphalangeal joint recreates pain. Magnetic resonance imaging (MRI) of the right foot, dated July 10, 2013, revealed tibial sesamoiditis, capsular inflammation of the first metatarsophalangeal joint, and no stress reaction. Treatment to date has included medications, physical therapy, activity modification, and steroid injection on the right great toe. Utilization review, dated January 9, 2014, denied the request for functional capacity evaluation because there was no detailed occupational and clinical history and exam that would show evidence of functional limitations.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page(s) 132-139 and Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, 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 addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities), and timing is appropriate (Close to or at MMI/all key medical reports secured, and additional/secondary conditions have been clarified). In this case, a formal functional capacity evaluation was requested to determine any permanent work restrictions for the patient. She was initially started on modified duty with sedentary work restrictions on June 2013 but was not able to do her regular duties. On October 2013, the patient had significant gains with pain, range of motion, strength and gait. She was then allowed to work full-time on October 28, 2013 and was working in her regular capacity but still having significant pain. However, there was no documentation regarding the limitations of the patient in terms of work-related functions, if there was any. The medical necessity has not been established due to insufficient information. Therefore, the request for FUNCTIONAL CAPACITY EVALUATION is not medically necessary.