

Case Number:	CM14-0114441		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2013
Decision Date:	09/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 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 53-year-old female with date of injury of 09/16/2013. The listed diagnoses per [REDACTED] are: Healed metatarsal fracture of the left foot, and tendonitis/bursitis of the left foot and plantar bursitis. According to a progress report dated 06/04/2014, the patient presents with pain that is aggravated with prolonged standing and walking. Examination revealed mild swelling at the ankle with muscle spasm and tender points noted. AP drawer was positive on the left. Physician states previously requested work conditioning has been denied. He is recommending consultation to a podiatrist, acupuncture, and a functional capacity evaluation. Utilization review denied the request for the qualified functional capacity evaluation (FCE) on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137, 139.

Decision rationale: This patient presents with pain and mild swelling at the ankle with muscle spasm and tender points. Guidelines do not support routine use of functional capacity evaluations. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it, or if the information from the FCE is crucial. As such, the request is not medically necessary.