

Case Number:	CM14-0132423		
Date Assigned:	08/22/2014	Date of Injury:	11/16/2013
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 28-year-old male who has submitted a claim for s/p right Achilles tendon repair and right ankle tendinitis/bursitis associated with an industrial injury date of November 16, 2013. Medical records from February 24, 2014 up to August 15, 2014 were reviewed showing continued pain in the right foot and ankle. He has some difficulty with his daily activities along with difficulty with prolonged periods of ambulating, standing, stair climbing, driving, and other activities of comparable physical effort. Patient has completed 24 sessions of physical therapy and has stated that it helped to reduce pain, increase musculoskeletal function, and avoid deconditioning. It has also reduced the need for oral pain medications. It was indicated that the patient can return to modified work activities limited to sedentary duties and should not be involved in altercations, restraints, or takedowns of inmates. The patient is approaching maximum medical improvement noted in PR dated 6/30/14. Physical examination noted healed incision at the surgical site and tenderness at the Achilles insertion and over the dorsal midfoot. Neurodiagnostic studies taken on 5/14/14 revealed chronic left S1 radiculopathy. Treatment to date has included right Achilles tendon repair, 24 sessions of physical therapy, Norco, and anti-inflammatories. Utilization review from July 25, 2014 denied the request for Functional Capacity Evaluation. There is no mention of failed return to work attempts secondary to chronic complaints.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to pages 132-139 of the American College of Occupational and Environmental Medicine (ACOEM) Guidelines referenced by California Medical Treatment Utilization Schedule (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. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Official Disability Guidelines (ODG) recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the patient has returned to moderate duties limited to sedentary work and should not be involved in altercations, restraints, or takedowns of inmates as per progress report dated 7/28/2014. It was mentioned that the patient will be re-evaluated 4-6 weeks after return to work. However, the primary physician feels that an FCE continues to be necessary in order to determine if his restrictions are appropriate. Reports from that visit was not documented as of yet. The patient was noted to be approaching maximum medical improvement as of 6/30/14. Data from re-evaluation may possibly indicate unsuccessful return to work; hence, It is imperative to assess the patient's current situation after return to work prior to recommendation of FCE. Therefore the request for functional capacity evaluation is not medically necessary.