

Case Number:	CM14-0154977		
Date Assigned:	09/25/2014	Date of Injury:	08/16/2012
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old male who reported injury on 08/16/2012 while working as a general worker was helping 3 other coworkers carry a 250 pound metal pipe when the pipe fell out of their hands and landed on top of his foot. The past treatments included: physical therapy; electro stimulation; acupuncture; massage, 24 sessions of therapy; and medication. The prior diagnostics included an MRI of unknown date. Prior surgery included a left foot surgery dated 12/2012, which assisted with the pain and range of motion. The diagnoses included a status post left great toe fracture, open reduction/internal fixation distal phalanx with surgery. The injured worker reported his pain to the left foot at 03/10 with increased pain with prolonged standing and walking. The medications included are ibuprofen, methadone cream, Prilosec, Flexeril, and Voltaren. The objective findings to the left foot dated 06/17/2014 revealed a dorsal flexion 15 degrees plantar flexion 60 degrees, inversion 30 degrees and eversion 15 degrees, no evidence of instability. The injured worker was able to stand on his heels and toes without difficulty. Ambulation was observed with antalgic gait. Circulation to the femoral, popliteal and dorsalis pedis pulses were palpable bilaterally. Motor power in selectively tested muscles was normal. The treatment plan included a functional capacity evaluation. The Request For Authorization was not submitted with documentation.

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 Official Disability Guidelines-Fitness for duty, ACOEM, Chapter 7, pg. 132-139

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Restoration Program is not medically necessary. The California MTUS/ACOEM guidelines recommend considering the use of a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if patients are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. There is no indication that it was recommended that the injured worker participate in a work hardening program. There is no indication that the injured worker had prior unsuccessful attempts to return to work or there were discrepancies in medical reporting. There is no indication that the injured worker is at maximum medical improvement. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.