

Case Number:	CM14-0166795		
Date Assigned:	10/14/2014	Date of Injury:	01/22/2014
Decision Date:	12/31/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of January 22, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; initial immobilization; and extensive periods of time off of work. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for a Functional Capacity Evaluation, invoking non-MTUS ODG Guidelines. It was not clearly stated whether the applicant was or was not working as of this point in time. In a Request for Authorization (RFA) form dated September 29, 2014, the attending provider stated that a Functional Capacity Evaluation was being sought for the purposes of determining final work restrictions on a planned permanent and stationary report. Computerized range of motion and computerized muscle testing were performed on this date. In a handwritten note dated September 29, 2014, the applicant was described as 50% improved. The attending provider stated that he was canceling planned foot and ankle surgery. Continued laser therapy was endorsed while the applicant was kept off of work, on total temporary disability. In an August 27, 2014 progress note the applicant reported ongoing complaints of ankle pain. The applicant stated that he did not want to pursue ankle surgery. The applicant did exhibit a limp. The applicant was asked to pursue additional physical therapy while remaining off of work, on total temporary disability.

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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a Functional Capacity Evaluation may be considered when necessary to translate medical impairment into limitations and restrictions and/or to determine an applicant's work capability, in this case, however, the applicant is off of work, on total temporary disability. It does not appear that the applicant has a job to return to at this stage in the course of the claim. It is not clear that the applicant is intent on returning to the workplace and/or workforce. It was not clearly stated how the proposed FCE would influence or alter the treatment plan and/or facilitate the applicant's return to some form of work. Therefore, the request is not medically necessary.