

Case Number:	CM14-0034388		
Date Assigned:	06/20/2014	Date of Injury:	12/08/2013
Decision Date:	07/25/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 58 year old female who was injured on 12/08/2013 when she injured her right 5th toe when it was forcefully flexed while she was pushing a heavy cart. Prior treatment history has included Polar Frost, Acetaminophen, Tramadol, and Etodolac. Orthopedic report dated 01/27/2014 reports the patient complained of pain, soreness, stiffness and inflammation of the foot. There is tenderness to palpation and limited range of motion of the 5th toe. She reported trouble getting restful sleep as she wakes up two to four times a night due to pain, discomfort, and stress. She has pain to palpation of the underlying lateral dorsal cutaneous nerve. There is symptomatic pain to toe walking, toe standing, squatting, and crouching. She ambulated with a CAM walker. Diagnoses are 5th toe fracture of the right foot, right foot sprain/strain, and painful gait. It is recommended to evaluate the patient with a FCE as she continues to demonstrate poor impairment with ambulatory status. Prior utilization review dated 02/18/2014 states the request for Functional Capacity Evaluation was not authorized as medical necessity has not been established.

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. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations pages

132-139, Official Disability Guidelines (ODG) Fitness for Duty (updated 11/12/13), Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pages 137-8; Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation (FCE).

Decision rationale: According to ACOEM guidelines, there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace... According to ODG guidelines, Functional Capacity Evaluation is recommended prior to a Work Hardening Program. FCE is not recommended for routine use in occupational rehab or screening or generic assessments of fitness for duty. This is a request for a Functional Capacity Evaluation (FCE) for a 58-year-old female who apparently suffered a fractured right 5th toe on 12/8/13. However, the patient is not being considered for a Work Hardening Program. Furthermore, the patient has a straightforward injury for which a generic assessment of fitness for duty can be easily made without the need for elaborate testing of questionable validity. Therefore, the request for Functional Capacity Evaluation is not medically necessary and appropriate.