

<b>Case Number:</b>	CM14-0070796		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 28 year-old male was reportedly injured on 8/2/2013. The mechanism of injury is noted as a fall off a ladder. Claimant underwent a right bimalleolar ankle fracture open reduction and internal fixation, followed by removal of hardware on 4/3/2014. The most recent progress note dated 4/28/2014, states that the patient reported the pain in the right foot is better since 8 screws were removed. Physical examination demonstrated right ankle swelling and tenderness; able to perform range of motion bilateral ankles with tenderness. No recent diagnostic imaging studies available for review. Previous treatment includes physical therapy, home exercise program and medications. A request had been made for functional capacity evaluation, which was not certified in the utilization review on 5/6/2014.

### 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 ACOEM Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision), pages 506-512 and on the Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, Referral Issues and the IME Process.

**Decision rationale:** The MTUS/ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records indicates the claimant's pain is improving after removal of ankle hardware in April 2014. The required guideline criteria have not been met and this request is not considered medically necessary.