

Case Number:	CM14-0083890		
Date Assigned:	08/22/2014	Date of Injury:	10/04/2013
Decision Date:	10/07/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas. 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 56 year old female who reported an injury to her right second toe 10/4/13. The clinical note dated 01/08/14 indicates the injured worker complaining of right foot pain. The note does indicate the injured worker sustained an injury when a 20 pound box was dropped on her foot. The left second toe was identified as being fractured. Upon exam the injured worker was identified as having a well healed lateral incision at the left ankle. No syndesmosis tenderness was identified. The note indicates the injured worker able to demonstrate 20 degrees of dorsiflexion, 30 degrees of plantar flexion, 15 degrees of inversion and 10 degrees of eversion. The utilization review dated 05/13/14 resulted in a denial for functional capacity evaluation as no evidence had been submitted regarding the injured worker's failed return to work attempts.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation to the Left Lower Extremity: 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):
Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: The request for a functional capacity evaluation to the bilateral lower extremities is not medically necessary. The documentation indicates the injured worker complaining of ongoing left foot pain. A functional capacity evaluation is indicated for injured workers who have failed a previous return to work attempt or conflicting medical reports are identified. No information was submitted regarding the injured worker's previous attempts at returning to work. Additionally, no conflicting information was discovered in the submitted documentation. Given these factors, the request is not indicated as medically necessary.