

Case Number:	CM14-0092945		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2014
Decision Date:	11/04/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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:

There were 42 pages provided for this review. There was a procedure report for an open reduction internal fixation of the ankle that was done on May 1, 2014. She sustained a work-related accident and was diagnosed with bimalleolar ankle fracture on the left side. There was an application for independent medical review requesting a functional capacity evaluation (FCE) as it relates to that right ankle. There was also one for a CT scan of the right ankle. The one for the FCE was signed on June 10, 2014. The patient was described as a 15-year-old female who was filming a commercial while riding a skateboard and fell, fracturing her ankle on April 17, 2014. She had the right ankle open reduction internal fixation on May 1, 2014. They have requested postoperative therapy and EMG NCV for the bilateral lower extremities, repeat radiographs of the ankle and medical consultation for medication management and this FCE. He reported that the claimant was to return to regular work on June 30, 2014 despite being a student. She has not received any physical therapy, and is acutely postoperative. An FCE prior to the initiation of physical therapy was felt not to be clinically justified. The claimant is a student and there is no job description for a position to return to. There are no complex issues in case management that are being hampered and the claimant is not at or near maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Right Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014: Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Chronic Pain Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, under FCE

Decision rationale: Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.