

Case Number:	CM14-0105609		
Date Assigned:	08/06/2014	Date of Injury:	09/04/2012
Decision Date:	07/20/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on September 4, 2012. The injured worker sustained injuries to the bilateral ankles and feet due to repetitive work as a waitress. The diagnoses have included contusion of the ankle, pain in the joint of the ankle and foot, knee derangement, bilateral plantar fasciitis, bilateral posterior tibialis tendinitis, lumbar spine sprain/strain, bilateral knee sprain/strain, bilateral heel pain syndrome and left knee pain. Treatment to date has included medications, radiological studies, MRI and extracorporeal shockwave treatments. Current documentation dated June 16, 2014 notes that the injured worker reported low back pain, bilateral knee pain and bilateral foot and ankle pain. Examination of the bilateral ankles and feet revealed tenderness to palpation of the plantar fascia tendon on the left. Left foot plantar flexion range of motion was decreased. A navicular drop measurement produced pain in the left foot. Right foot range of motion was full and produced pain on plantar flexion. Tightness was noted in the gastrocnemius muscles bilaterally. The treating physician's plan of care included a request for an orthopedic surgeon consultation for the ankles and feet and a function capacity evaluation. The patient has used a foot brace for this injury. The medication list include Flurflex, Naproxen and Omeprazole. The patient has had X-ray of the right knee with normal findings and X-ray of the left knee that revealed degenerative changes and mild joint space narrowing; MRI of the right ankle on 12/13/12 that was normal. Patient has received an unspecified number of PT visits for this injury. A recent detailed clinical evaluation note of the treating physician was not specified in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic evaluation for bilateral ankle and foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations/Referrals pages 92 and 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: Request: Orthopedic evaluation for bilateral ankle and foot MTUS Guidelines: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations. Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A recent detailed clinical evaluation note of treating physician was not specified in the records. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified in the records provided. MRI of the right ankle on 12/13/12 that was normal. Rationale for Orthopedic evaluation was not specified in the records provided. Significant functional deficits on physical examination that would require Orthopedic evaluation for bilateral ankle and foot was not specified in the records provided. The medical necessity of the request for Orthopedic evaluation for bilateral ankle and foot is not medically necessary in this patient at this time

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The ACOEM Guidelines, Chapter 7, Pages 137-138 and the Official Disability Guidelines, (2008) Fitness for Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 04/27/15) Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by

complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Criteria listed in the guidelines that would require a FCE were not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state: Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. Patient has received an unspecified number of PT visits for this injury. Response to conservative therapy including PT was not specified in the records provided. A recent detailed clinical evaluation note of treating physician was not specified in the records MRI of the right ankle on 12/13/12 that was normal. Rationale for Functional capacity evaluation was not specified in the records provided. Significant functional deficits on physical examination that would require Functional capacity evaluation was not specified in the records provided. The medical necessity of the request for Functional capacity evaluation is not medically necessary for this patient.