

Case Number:	CM15-0002444		
Date Assigned:	01/13/2015	Date of Injury:	08/30/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 37-year-old male who reported an injury on 08/20/2013. The mechanism of injury was the injured worker was on top of a ladder opening boxes when he slipped and fell approximately 8 feet. The injured worker was noted to suffer a heel fracture of the right foot and was given a boot. The surgical history was stated to be no relevant surgeries. The medications included Hydrocodone, Tramadol, Omeprazole and Meloxicam. The documentation of 12/10/2014 revealed the injured worker was having low back pain and had participated in 12 sessions of physical therapy. The physical examination revealed +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-4 and the multifidus. The injured worker had decreased range of motion and had a positive Kemp's test bilaterally. The Yeoman's test was positive bilaterally. The reflexes were +2. The myotomes and dermatomes were within normal limits. The physical examination of the ankle and foot revealed +3 spasm and tenderness to the right anterior heel, right lateral malleolus, and plantar fascia. Range of motion was painful. The varus testing was positive on the right. There were no diagnostic studies noted. The treatment plan included acupuncture, myofascial release, electrical stimulation, infrared therapy, diathermy, a multi-interferential stimulator for 1 month trial, and a functional capacity evaluation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Fitness for Duty Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. There was a lack of documentation indicating that the injured worker was close to or at maximum medical improvement, and that additional secondary conditions had been clarified. Given the above, the request for qualified functional capacity evaluation is not medically necessary.