

<b>Case Number:</b>	CM15-0005697		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/15/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New York

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

### 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 was a 32 year old male, who sustained an industrial injury, March 15, 2014. The injury was sustained from a fall; slipped while shoveling dirt into a truck, fell off the ramp about 5 feet. The injured worker complained of right ankle pain. An x-ray was taken of the right ankle noting a bimalleolar fracture and right ankle with an oblique fracture of the distal fibula and avulsion fracture of the medial malleolus and disruption of the mortise. The injured worker was diagnosed with open reduction and fixation of the right ankle, bimalleolar fracture, arthrotomy with syndesmosis fixation, manual therapy, Naproxen, status post right ankle hardware removal. The physical was requesting functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation 2014 Functional Capacity Evaluation

**Decision rationale:** The patient had a fracture, ORIF and post surgical physical therapy/rehab. There is no documentation of the need for a work hardening program. ODG notes that for routine occupational rehab a functional capacity evaluation (FCE) is not medically necessary. It may be needed prior to entering a work hardening program and prior to completion of that program. There is no documentation that the use of a FCE would improve the long term functional outcome of this injury.