

Case Number:	CM15-0149655		
Date Assigned:	08/12/2015	Date of Injury:	06/12/2012
Decision Date:	09/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	08/03/2015

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 Jersey, New York

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 51 year-old male who sustained an industrial injury on 06-12-12. He reported right foot pain. Initial diagnoses and treatments are not available. Current diagnoses include right foot pain and right foot neuropathy, complex regional pain syndrome, and lumbar sprain-strain. Diagnostic testing to date has included MRI of the right foot and ankle 07-2013, x-ray of the lumbar spine 04-2014, x-ray of the right ankle 04-2014, and cervical spine x-ray 04-2014; there are no up-to-date treatments available. Currently, the injured worker complains of right foot pain with numbness, and lower back pain. In a progress note dated 06-30-15, the treating physician reports the injured worker's condition is unchanged; he still continues to have right foot pain. Requested treatments include x-ray lumbar spine, x-ray ankle-foot, EMG-NCV BLE, and functional capacity exam. The injured worker is under temporary total disability. Date of Utilization Review: 07-01-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request is considered not medically necessary. The patient has had lower back pain since 2012 with a previous x-ray done. He continues with lower back pain with radiculopathy. There has been no change in exam that or red flags that would require an additional lumbar x-ray at this time. Therefore, the request is considered not medically necessary.

X-ray ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/ankle.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373, 374.

Decision rationale: The request is considered not medically necessary. As per the chart, the request is for bilateral ankle/foot x-ray. There was no left foot pain documented. Patient had a bone scan of the right foot. There was no further injury, red flags, or progressive symptoms that would require additional imaging. Therefore, the request is considered not medically necessary.

EMG/NCV BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG, Low back.

Decision rationale: The request is considered not medically necessary. EMG/NCV is useful to evaluate equivocal findings of radiculopathy or identify subtle, focal neurologic dysfunction. The patient was diagnosed with CRPS of the right foot after a crush injury. There were no documented complaints of the left foot. It is unclear why bilateral electrodiagnostic testing was required. The patient did not have symptoms corroborated by imaging that would indicate a need for further evaluation with EMG/NCV. Therefore, an EMG/NCV would not be warranted and would not be considered medically necessary at this time.

Functional capacity exam: 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) http://www.odg-twc.com/odgtwc/fitness_for_duty.htm#functionalcapacityevaluation; ACOEM Guidelines 2nd Edition text page 138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity evaluation.

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. As per ODG guidelines, a functional capacity evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. And it is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. As per the chart, the appeal indicated that the evaluation was necessary to obtain a measure that could be used repeatedly over the course of treatment to demonstrate improvement in function, of maintenance of function, which is not an indication for functional capacity evaluations. There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. Therefore, the request is considered not medically necessary.