

Case Number:	CM15-0202157		
Date Assigned:	10/19/2015	Date of Injury:	07/13/2011
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male, who sustained an industrial injury on 07-13-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right foot pain. Medical records (to 09-15-2015) indicate ongoing intermittent to constant, severe right leg pain, and constant severe right foot pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW could return to work with restrictions. The physical exam, dated 09-15-2015, revealed no complaints of leg pain on this day, but did show tender nodules upon palpation of the plantar surface of the right foot consistent with Dupuytren contractures, painful range of motion, and limited metatarsophalangeal extension and proximal interphalangeal flexion. Relevant treatments have included: right foot surgery, physical therapy (PT), work restrictions, and pain medications. The request for authorization was not available for review; however, the previous PR dating back to 05-06-2015 state that the following service was requested and was still pending: an initial functional capacity evaluation. The original utilization review (10-06-2015) non-certified the request for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in July 2011 and underwent a right plantar fascia release in January 2014. When seen, he was having frequent pain rated at 5/10 when walking on uneven surfaces. Physical examination findings included a body mass index of 29. There were tender plantar nodules consistent with Dupuytren's disease. There was decreased and painful range of motion. Topical creams were prescribed. Restricted work was continued. Authorization for further evaluation and for a functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. The claimant has been referred for further evaluation and there are treatments likely to be of benefit for his foot pain. He is not considered at maximum medical improvement. He has work restrictions, which are ongoing, appear appropriate given his condition, and would not expect to be altered by the results. A Functional Capacity Evaluation at this time is not medically necessary.