

Case Number:	CM15-0204092		
Date Assigned:	10/21/2015	Date of Injury:	05/16/2003
Decision Date:	12/08/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old female, who sustained an industrial injury on 5-16-2003. The injured worker was being treated for closed dislocation of foot joint, talipes calcaneovalgus, and tibialis posterior rupture. Treatment to date has included diagnostics, orthotics, left foot surgery (repair of forefoot varus with cotton osteotomy with allograft, debridement of posterior tendon and transfer of flexor digitorum longus tendon to the navicular for tenodesis medially, debridement and repair of spring ligament, cotton osteotomy, and application of pain pump at the common peroneal nerve on 8-07-2015), laser therapy, and medications. On 9-09-2015, the injured worker was seen for a post-operative visit and cast removal from surgery. She continued to be non-weight bearing and used a wheelchair. Pain in the left ankle was rated 0 out of 10, 3 of 10 at worst. Physical exam noted stable rectus forefoot to rearfoot, "nvs intact", and no calf tenderness. Application of short leg non-weight bearing cast was noted. She would return to the clinic in 2 weeks to start Cam walker. On 9-18-2015, Utilization Review non-certified a request for an outpatient physical performance test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance test: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The intent of a request for a "physical performance test" is not apparent from the records or from MTUS guidelines; however, it appears that this may be a request for a functional capacity evaluation, which was also the assumption of a prior physician review. MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particular type of work. In this case, the records do not clearly document a job description or concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. Therefore, this request is not medically necessary.