MAXIMUS Federal Services

Case Number:	CM15-0205766		
Date Assigned:	10/22/2015	Date of Injury:	08/22/2014
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 71 year old male, who sustained an industrial injury on 08-22-2014. The injured worker was diagnosed as having comminuted left distal tibia-fibula fracture- healed. On medical records dated 05-04-2015 and 08-28-2015, the subjective complaints were noted as persistent, moderate pain in his left knee and left ankle with swelling and weakness in left foot. Objective findings were noted as ambulating with a quad cane, gait was noted as slow. Left knee revealed tenderness upon palpation and range of motion was limited. Left ankle tenderness upon palpation with mild swelling in the medial aspect of the left ankle and full range of motion was noted. Treatments to date included medication, CAM walker boot, walker and cane. The injured worker was noted to be able to work on modified duty. Current medications were not listed on 09-28-2015. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Functional Capacity Evaluation was non-certified.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Per the MTUS guidelines, a functional capacity evaluation is most useful when there is a specific job description or position that is identified and the case warrants further analysis regarding work capacity. Functional capacity evaluation is useful to translate medical impairment into functional limitations in the determination of work capability. This patient has undergone multiple modalities to improve treatment outcome (including aquatic therapy) and has not successfully returned to normal function. The treating physician has requested an evaluation of functional capacity in order to facilitate permanent and stationary status, however, physical exam findings (objective findings) are very vague, and include full range of motion. Therefore, the request for FCE is not considered medically appropriate at this time without further explanation of objective deficiencies to warrant the request. The request is not medically necessary.