

Case Number:	CM15-0221331		
Date Assigned:	11/16/2015	Date of Injury:	12/01/2009
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 34 year old male, who sustained an industrial injury on 12-1-09. Medical records indicate that the injured worker is undergoing treatment for a right ankle dislocation, closed fracture of the medial malleolus, joint derangement of the hip, injury of the superficial peroneal nerve, chronic pain syndrome, depressive disorder and long-term use of medications. The injured worker is currently not working. On (10-27-15) the injured worker reported right ankle pain. Objective findings noted the injured worker to appear depressed and in a lot of pain. The injured worker had facial grimacing, moved in a guarded fashion, was limping and sitting with a rigid posture. Examination of then right ankle revealed swelling and tenderness of the lateral malleolus. A positive Tinel's sign was noted over the superficial peroneal nerve. Sensory examination revealed sensation to light-touch to be absent over the superficial peroneal nerve distribution on the right side. The treating physician recommended a Functional Capacity Evaluation to assess the injured workers work capacity. Treatment and evaluation to date has included medications, x-rays, urine drug screen, an open reduction and internal fixation of a right ankle bimalleolar fracture and a closed reduction of a right ankle dislocation. Current medications include Hydrocodone-Acetaminophen, Medrox patch, Ibuprofen, Lorazepam, Nizatidine and Zoloft. The Request for Authorization dated 10-27-15 included a request for a Functional Capacity Evaluation to determine appropriate work restriction and abilities. The Utilization Review documentation dated 11-2-15 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 cite any medical evidence for its decision.

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

Decision rationale: The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the injured worker has had prior unsuccessful return to work attempts, that the injured worker requires a modification for return to work, or that the injured worker has additional injuries, which require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary.