

Case Number:	CM15-0222237		
Date Assigned:	11/17/2015	Date of Injury:	11/03/2014
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/12/2015

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

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:

This is a 40-year-old female with a date of injury on 11-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for right foot plantar fasciitis. Progress report dated 9-8-15 reports continued complaints of right heel pain. The pain is intermittent and sharp rated 8 out of 10. Physical exam: pain elicited on palpation at the medial slip of the right plantar fascia as it inserts into the medial calcaneal tubercle, pain on compression at the body of the right calcaneus joints, she avoids full weight bearing on the right heel. Treatments include: medication, physical therapy, orthotics, ice, splint and injections. Request for authorization was made for One Functional capacity evaluation. Utilization review dated 10-12-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Chapter: Fitness for Duty Functional capacity evaluation (FCE) and on the American College of Occupational and Environmental Medicine, 2nd Edition chapter 7- Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139.

Decision rationale: The 40-year-old patient complains of pain in the plantar aspect of the right heel, rated at 8/10, as per podiatry progress report dated 09/08/15. The request is for ONE FUNCTIONAL CAPACITY EVALUATION. There is no RFA for this case, and the patient's date of injury is 11/03/14. Diagnoses, as per progress report dated 09/08/15, included contusion of foot, plantar fasciitis, and osteoarthritis of foot/ankle. Medications, as per this report, included Meloxicam. Diagnoses, as per orthopedic progress report dated 08/25/15, also included right plantar fasciitis. The patient is on regular duty, as per progress report dated 09/08/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, a request for functional capacity evaluation is noted in orthopedic primary treating physician progress report dated 08/25/15. The treater indicates that the study is to "assess patient's return to work environment." The patient is working with restrictions, as per this report. However, as per subsequent podiatry progress report dated 09/08/15, the patient is on regular duty without restrictions. Nonetheless, ACOEM states that "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Additionally, there is no request from the employer or claims administrator. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. Hence, the request IS NOT medically necessary.