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| Case Number: | CM15-0038569 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 09/01/2013 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 9/01/2013, with injury to her left ankle. Also noted was a cumulative trauma injury due to repetitive work as a machine operator. The injured worker was diagnosed as having left ankle sprain/strain. Treatment to date has included diagnostics, conservative therapy, psychological assessments, and medications. On 10/28/2014, the injured worker complains of headache, stress and anxiety, left ankle and foot pain with numbness, and elevated blood pressure. Walking caused pain. Epworth Sleepiness Scale score was 13. She was involved in a car accident in 9/2014 and was currently participating in conservative therapy. Exam of her left ankle noted positive orthopedic findings, painful and restricted range of motion, and muscle spasms surrounding the ankle. Her work status was modified, total temporary disability if unavailable. The treatment plan included a Qualified Functional Capacity Evaluation as an assessment measure of objective improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation related to left ankle sprain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation related to the left ankle sprain is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are left ankle sprain strain; anxiety; hypertension; and tension headache. The date of injury is September 1, 2013. The request for authorization is February 6, 2015. There is no documentation from the treating/requesting provider in the medical record with a clinical indication and rationale for a functional capacity evaluation. A request for authorization date for a functional capacity evaluation was present in the medical record. This request for authorization date was October 28, 2014. The documentation coinciding with the request for authorization October 28, 2014 showed the treating provider requested a program of physical medicine for six visits with continuation dependent on functional improvement; functional improvement measures for a functional capacity evaluation; multi-interferential stimulator one month rental; work harming screening; psychosocial factors screen; and a psychological consultation. Consequently, absent clinical documentation from the requesting provider with a clinical indication and rationale for a functional capacity evaluation, functional capacity evaluation related to the left ankle sprain is not medically necessary.