

Case Number:	CM15-0039185		
Date Assigned:	03/09/2015	Date of Injury:	07/25/2012
Decision Date:	04/10/2015	UR Denial Date:	02/23/2015
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: 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:

The injured worker is a 49-year-old male who sustained an industrial injury on 07/25/2012. Current diagnoses include left foot fasciitis and anxiety. Previous treatments included medication management and work restrictions. Report dated 09/25/2014 noted that the injured worker presented with complaints that included left ankle pain with numbness and tingling, stress/anxiety/depression, and headaches. The physician noted that there had been no changes in objective findings and limited range of motion to the left foot. The treatment plan included final functional capacity evaluation (FCE), flurbiprofen/Tramadol cream, and gabapentin/amitriptyline/dextromethorphan cream. Utilization review non-certified the request for final functional capacity evaluation, citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG) www.odg-twc.com - Section: Ankle & Foot (Acute &

Chronic); and Section: Fitness for Duty; ACOEM [www.acoempracguides.org/Chronic Pain](http://www.acoempracguides.org/Chronic%20Pain):
Table 2: Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Utilization review found that FCE was not substantiated as there is a concurrent request noted for a specialty consult with a podiatrist. Additionally, no specific job description or position information (beyond a note that says the patient works in "production") regarding employment is provided to substantiate the need for functional capacity evaluation. 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. With no supporting documents to indicate details that warrant such an evaluation, and with specialty consultation to podiatry pending that may result in treatment and functional improvement, the request for a final FCE cannot be considered medically necessary at this time.