

<b>Case Number:</b>	CM15-0044440		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania, Ohio, 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:

The injured worker is a 28-year-old male, who sustained a work/ industrial injury on 8/2/13. He has reported initial symptoms of right ankle pain. The injured worker was diagnosed as having traumatic injury to the right ankle and leg, s/p surgery to right ankle with metal instrumentation, myofascial pain. Treatments to date included medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and home exercise program. Currently, the injured worker complains of constant right ankle pain. The treating physician's report (PR-2) from 2/2/15 indicated pain was improved with use of TENS unit and medication was not taken. Right ankle had normal range of motion. The injured worker was requesting to return to work. Medication included Naproxen and Gabapentin. Treatment plan included 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

**Decision rationale:** MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the patient previously underwent an FCE on 7/10/14 which demonstrated that the patient did not meet the full requirements of a target heavy occupation. The patient subsequently underwent additional treatment and exercise and has against proposed return to work to the treating physician. An updated FCE is consistent with treatment guidelines in this case, particularly given the documented initiative by the patient in attempting to return to work. This request is medically necessary.