

Case Number:	CM15-0052555		
Date Assigned:	03/26/2015	Date of Injury:	10/20/2014
Decision Date:	05/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/19/2015

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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 57-year-old male sustained an industrial injury to the right ankle and back on 10/20/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, home cryotherapy and medications. In a Doctor's First Report of Occupational Injury or Illness dated 11/21/14, the injured worker complained of pain to the right ankle with radiation of pain and numbness to the toes and lumbar spine pain with radiation to the right buttock and leg associated with numbness. Physical exam was remarkable for right ankle with decreased and painful range of motion and lumbar spine with decreased range of motion and a right sided hypoaesthesia at the L4-5 distribution. Current diagnoses included right ankle/foot sprain/strain, lumbar spine sprain/strain, lumbar spine radiculitis and myalgia or myositis. The treatment plan included lumbar and right ankle/foot x-rays and a physical performance test to determine work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Performance Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initial Assessment and Documentation, Cornerstones of Disability Prevention and Management Page(s): 21-22, 80-83.

Decision rationale: The MTUS Guidelines support the use of a functional capacity evaluation (FCE) if it is necessary to translate a medical problem into functional limits and/or to determine a worker's capacity to perform work duties. This more precise and detailed assessment is not needed in every case. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg and right ankle pain that went into the foot with numbness. The submitted records did not contain a discussion sufficiently detailing the reason a functional capacity evaluation was needed in this case. In the absence of such evidence, the current request for physical performance testing is not medically necessary.