

Case Number:	CM15-0062608		
Date Assigned:	04/08/2015	Date of Injury:	03/13/2013
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 26-year-old male, who sustained an industrial injury on 3/13/2013. The medical records submitted for this review did not include the details of the initial injury or a complete reference to prior treatments to date. Diagnoses include status post left ankle surgery, date unknown. Treatments include medication therapy and post-operative physical therapy. Currently, he complained of continued post-operative ankle pain and weakness with report of improvement with post-operative physical therapy. On 1/27/15, the physical examination documented well-healed surgical scars with range of motion within normal limits. The plan of care included a functional capacity evaluation to determine possible work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, Page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 132-139.

Decision rationale: Guidelines state that functional ability evaluations may be appropriate to assess current work capability but are not recommended for the sole purpose of determining a worker's effort or compliance. There is no evidence of a previous failure to return to work attempt nor conflicting medical reporting on precautions. In this case, the patient complained of pain and weakness in the ankle but was doing better. There was improvement in range of motion and strength. The request for functional capacity evaluation is not medically necessary and appropriate.