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| Case Number: | CM15-0087488 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 12/05/2014 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 32 year old male sustained an industrial injury to the ankle on 12-5-14. Previous treatment included physical therapy and medications. X-rays of the left ankle (12-5-14) were unremarkable. Magnetic resonance imaging left ankle (2-23-15) showed mild distal tendinosis of the tibialis posterior tendon with subcutaneous edema around the ankle. In a PR-2 dated 3-6-15, the injured worker complained of persistent left ankle pain with radiation up and down his leg and across the top of his foot, rated 7 out of 10 on the visual analog scale. The injured worker was currently taking no medications and presented wearing regular shoes. Physical exam was remarkable for left ankle with tenderness to palpation of the anterior aspect of the ankle with palpable subcutaneous fibrosis, persistent paresthesia and allodynia, 5 out of 5 strength and intact range of motion. The injured worker could heel to toe walk without instability or pain. Current diagnoses included traumatic neuropraxia of the deep peroneal nerve and intermediate dorsal cutaneous nerve of the left foot and ankle and crush injury of the left foot and ankle. In a Doctor's First Report of Occupational Injury dated 3-13-15, the injured worker complained of constant left foot and ankle pain with weakness, rated 5-6 out of 10. Physical exam was remarkable for tenderness to palpation to the lateral ankle joint with mild swelling and decreased range of motion to the left ankle. The treatment plan included Cardio-Respiratory Diagnostic testing, any necessary pulmonary and respiratory diagnostic testing including a sleep study, a Sudoscan, a Functional Capacity Evaluation, physical therapy once a week for six weeks and acupuncture once a week for six weeks.

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 Official Disability Guidelines, TWC Fitness for performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant sustained an injury to the left ankle in December 2014 when he was struck by a pallet while using a forklift. He was seen for an initial evaluation by the requesting provider. He was having constant left foot and ankle pain increased standing and walking. He had weakness. Physical examination findings included a BMI of nearly 32. There was ankle tenderness with mild swelling. There was an antalgic gait. Authorization for acupuncture and physical therapy was requested. He was placed at temporary total disability. A functional capacity evaluation was also requested. A functional capacity evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. The claimant has been referred for additional physical therapy treatments and acupuncture. He is not considered at maximum medical improvement. Requesting a functional capacity evaluation at this time is not medically necessary.