

Case Number:	CM14-0134262		
Date Assigned:	08/25/2014	Date of Injury:	09/11/2012
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 41-year-old male who sustained a work injury on 9-11-12. The claimant sustained a right ankle injury. The claimant has been treated with medications, physical therapy, TENS unit. On 5-14-14, the claimant was returned to work with restrictions. Examination on 7-30-24 notes the claimant has been doing better. On exam, he has tenderness about his right ankle and x-rays shows that the fracture is healing. It is noted the claimant is doing well and is now approaching Multiple Mini Interview (MMI).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Fitness For Duty ; Regarding Functional Capacity Evaluations; Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48. Decision based on Non-MTUS Citation Pain - Functional Improvement measures.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that functional improvement measures for chronic pain are used to consider return to normal quality

of life. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. Medical Records reflect that this claimant has been returned to work with restrictions. Examination on 7-30-24 notes the claimant has been doing better. On exam, he has tenderness about his right ankle. There is an absence in documentation noting that there needs to be an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The claimant has been returned to work with restrictions. Therefore, a Functional capacity evaluation is not medically necessary and appropriate.