

Case Number:	CM14-0136308		
Date Assigned:	09/03/2014	Date of Injury:	06/20/2014
Decision Date:	10/28/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

The patient is a 35-year-old male with date of injury of 06/20/2014. The listed diagnoses per [REDACTED] from 08/04/2014 are: 1. Left ankle sprain/strain. 2. Left foot crush. According to this report, the patient complains of frequent left ankle ache, worse with prolonged standing or walking, and a feeling of instability with popping and grinding sensations. He also complains of pain under and around the first and second toes. According to the 07/22/2014 physical examination by [REDACTED], the examination shows no swelling or ecchymosis. Full range of motion without pain is elicited. Movement of the big toe is a little better without pain. Not much tenderness on MP joint and big toe. The utilization review denied the request on 08/18/2014.

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: Decision based on MTUS ACOEM Page(s): 132-139.
Decision based on Non-MTUS Citation ODG Fitness for Duty

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) ACOEM Guidelines page 137 to 139 on functional capacity evaluations

Decision rationale: This patient presents with left foot and left ankle pain. The treater is requesting a functional capacity evaluation. The ACOEM Guidelines page 137 to 139 on functional capacity evaluations states that functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship before return to work. In addition, ACOEM states, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; and FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of correct work capabilities and restrictions."