

Case Number:	CM14-0145776		
Date Assigned:	09/12/2014	Date of Injury:	12/05/2013
Decision Date:	10/15/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 injured worker is a 20-year-old male who reported an injury on 12/05/2013 after a crush and degloving accident that resulted in his left foot being pinned between a forklift and a wall. The injured worker complained of left foot pain with an unknown diagnosis. The prior surgeries included amputation of the 4th and 5th digits second to gangrene. Past treatments included physical therapy of unknown visits and medications. The medications included Percocet, tramadol, Robaxin. The physical examination of the left foot dated 06/25/2014 revealed a scar on the top of the big toe with no evidence of osteomyelitis to the bone. The wound was redressed with a Telfa Bacitracin ointment, able to bear weight with open toed shoes; however, remains unfit for work. The treatment plan included a Functional Capacity Evaluation and return in 6 weeks to the wound clinic for a scar removal and return in 6 weeks. The Request for Authorization dated 09/12/2014 was submitted with documentation.

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 Fitness For Duty Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lack evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals. There is also lack of documentation of other treatments the injured worker underwent previous and the measurement of progress, as well as efficacy of the prior treatments. As such the request for a Functional Capacity Evaluation is not medically necessary.