

Case Number:	CM14-0160864		
Date Assigned:	10/06/2014	Date of Injury:	11/16/2013
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 29-year-old male who sustained work-related injuries on November 16, 2013. Per most recent records dated September 22, 2014, the injured worker is noted with continued right-sided ankle and foot pain and was status post Achilles tendon repair in November 2013. He reported some residual pain in the right ankle as well as pain in the right knee as a compensatory consequence of ambulating with an altered gait. He also has some left-sided knee and ankle pain as compensatory consequences as well. Overall, he is fairly functional and motivated to continue doing home exercise regimen. On examination, he has a slightly antalgic gait. Some reduced range of motion was noted with plantar flexion and dorsiflexion of the right ankle. He was recommended to be limited with sedentary work only. He was diagnosed with (a) ankle tendinitis/bursitis, (b) Achilles rupture, and (c) foot sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation ODG-TWC-Functional Capacity Evaluation

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

Decision rationale: According to the injured worker's provider, the requested functional capacity evaluation will be used to assess his physical abilities and provide the injured worker with appropriate restrictions to return him to workplace in a timely manner. However, according to the guidelines for performing a functional capacity evaluation, a functional capacity evaluation may be considered if (a) case management is hampered by complex issues such as (1) prior unsuccessful return to work attempts, (2) conflicting medical reporting on precautions and/or fitness for modified job, (3) injuries that require detailed exploration of a worker's abilities; (b) timing is appropriate: (1) close or at maximum medical improvement /all key medical reports secured; (2) additional/secondary conditions clarified. A functional capacity evaluation should be not be considered if (a) sole purpose is to determine a worker's effort or compliance and (b) the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the records indicate that the injured does not meet the above mentioned guidelines for a functional capacity evaluation. It is apparent that the purpose of the provider is to check the injured worker's compliance and effort. Also, the records indicate that not all conservative treatments have been exhausted and he is on modified light work duties. There was no mention that an ergonomic assessment has been made. Based on these reasons, the medical necessity of the requested functional capacity evaluation is not established.