

Case Number:	CM14-0176691		
Date Assigned:	10/30/2014	Date of Injury:	04/04/2013
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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:

The injured worker is a 28 year old male who was injured at work on 04/04/2013 when he fell from height and broke his left ankle. He had left ankle ORIF on 04/23/13, but because he continued to experience pain in his left ankle, he had he had Orthovisc injections x3, 04/16/14. As the pain persisted, he had hardware removal on 07/08/2014. During a follow up with his orthopedist on 08/15/2014 he was found to be doing well, the wound was healed; though he had limited dorsiflexion. An X-ray revealed no pathology. However, a chiropractor report of 09/2014 reported the injured worker complained of left ankle pain with popping, left ankle and foot pain; the physical examination revealed limited movement of the left ankle, tenderness to touch, positive McMurray, and weakness of the lower extremities(the other findings were abbreviated). The chiropractor diagnosed him of pain in joint, ankle and foot; sprain/strains, foot unspecified site; sprain/strain of the knee; and requested MRI of the left knee, Functional capacity evaluation. He had been diagnosed of left distal tibia/ Fibula ankle fracture; left ankle chondropenia; left ankle osteoarthritis. Treatments have included ORIF left tibia/Fibula fracture 04/23/13; S/P Orthovisc injections x3, 04/16/14; left ankle ORIF hardware removal anterior tibiotalar decompression, 7/8/14. At dispute is the request for Functional capacity evaluation.

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 Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The injured worker sustained a work related injury on 04/04/2013. The medical records provided indicate a chiropractor diagnosed him of pain in joint, ankle and foot; sprain/strains, foot unspecified site; sprain/strain of the knee; and requested MRI of the left knee, and Functional capacity evaluation; while he had been diagnosed of left distal tibia/ Fibula ankle fracture; left ankle chondropenia; left ankle osteoarthritis, by other providers. Treatments have included ORIF left tibia/Fibula fracture 04/23/13; S/P Orthovisc injections x3, 04/16/14; left ankle ORIF hardware removal anterior tibiotalar decompression, 7/8/14. The medical records provided for review do not indicate a medical necessity for Functional capacity evaluation. Since the MTUS does not have a detailed review of this topic, I decided to use the Official Disability Guidelines. The guidelines recommends, that Functional Capacity Evaluation referrals be detailed, collaborative and job specific; should be done if case management is hampered by complex issues like prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities, and it should be done close to the date of maximal medical improvement. The Injured worker is still being treated by an orthopedist, and his case manager anticipated he might reach maximal medical improvement by 01/2015. Also, at the time the injured worker was referred for Functional Capacity Evaluation, he was also referred for MRI of the ankle, meaning the requesting provider was still in the process of evaluating the worker, and therefore he had not reached maximal medical improvement. Furthermore, the referral was not job specific. Therefore, the requested evaluation is not medically necessary and appropriate.