

Case Number:	CM14-0082048		
Date Assigned:	07/21/2014	Date of Injury:	01/23/2013
Decision Date:	10/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 records presented for review indicate that the injured worker is a 32 year-old male was reportedly injured on 1/23/2013. The most recent progress note, dated 4/22/2014, indicates that there were ongoing complaints of low back pain and right ankle pain. The physical examination demonstrated lumbar spine: positive tenderness to palpation in the lumbar spine at L3-and associated paraspinal muscles. Positive Kemps test bilaterally. Right ankle: positive tenderness in the medial/lateral joint line and Achilles. Pain with range of motion. Pain with heel and toe raise. Muscle strength 4/5 with inversion and E version and dorsiflexion. Slight atrophy of the right calf compared to the left. No recent diagnostic studies were available for review. Previous treatment includes conservative treatment. A request had been made for functional capacity evaluation for lumbar spine and right ankle, and was not certified in the pre-authorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Lumbar Spine/Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines ACOEM 2nd edition Chapter 7 Independent Medical Examinations and Consultations (pp132-139)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations; Referral Issues and the Independent Medical Examination Process (Electronically Cited)

Decision rationale: ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The Official Disability Guidelines (ODG) details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records, indicate the claimant has returned to work with modified duty. As such, the guideline criteria has not been met and the request for a Functional Capacity Evaluation (FCE) for the lumbar spine and right ankle is not medically necessary and appropriate.