

Case Number:	CM14-0218260		
Date Assigned:	01/07/2015	Date of Injury:	05/07/2013
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 was a 43 year old male, who was injured on the job, May 7, 2013. The injured worker slipped and rolled the right ankle causing an inversion injury to the right ankle and foot. The injured worker developed chronic pain in the right ankle and foot rated pain 10 out of 10, 0 being no pain and 10 being the worse. An MRI of the right ankle showed a longitudinal tear of the peroneus brevis tendon 6cm in length. The injured worker was diagnosed with right ankle strain/sprain, pain right ankle/foot, effusion of the ankle/foot/abnormal gait and sprain/strain of lumbosacral spine secondary to abnormal gait. On May 20, 2014 the injured worker underwent right ankle peroneal tendon repair. The injured worker had post-operative physical therapy and Pro Tech multi IF/Muscle stimulator for 4 weeks on the right ankle for postoperative stiffness and weakness. On October 2, 2014, the injured worker could return to work without restrictions. According to the progress note of October 4, 2014 the injured worker had some appreciable residual right ankle soreness/stiffness, numbness of the right ankle. The right ankle was still less flexible than the left ankle. The physical exam noted tenderness in the right ankle, with much improved range of motion with dorsi-flex but pain with supination still tender and painful, restrictive dorsi-flex plantar-flex tight and sore. On December 8, 8, 2014 the UR denied authorization for functional capacity evaluation. The denial was based on the ODG guidelines for Treatment Index of Fitness for Duty.

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 ODG, Treatment Index, 12th Edition, Fitness for Duty, FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 21, Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more general and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts: Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a workers effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician indicated that this patient is currently working and has not indicated rationale behind the request for a functional capacity evaluation at this time. As such, the request for a FUNCTIONAL CAPACITY EVALUATION is not medically necessary at this time.