

Case Number:	CM14-0219134		
Date Assigned:	01/09/2015	Date of Injury:	06/20/2014
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 23-year-old male, who sustained an industrial injury on 06/20/2014. He has reported left foot and ankle pain. The diagnoses have included left foot crush injury, and left ankle sprain/strain. Currently, the injured worker complains of cramping and pain in his left foot. The pain was rated a 1 out of 10. It was noted that the symptoms have improved with physical therapy. He is currently on modified duty. Treatments have included physical therapy, acupuncture, home exercise program, oral pain medication, a topical pain medication, an x-ray of the left foot on 08/04/2014 and 06/20/2014, which did not show a fracture or an acute findings, and an x-ray of the left ankle on 06/20/2014, with no acute findings. On 12/15/2014, Utilization Review non-certified the request for a functional capacity evaluation, noting that there was no documentation of a specific job description or position for the injured worker to support the need for a functional capacity evaluation. The ACOEM Guidelines were cited.

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 ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 1 Prevention Page(s): 12 & 91. Decision based on Non-MTUS Citation Fitness for Duty

Decision rationale: Functional Capacity Evaluation is not medically necessary per the ODG and the MTUS Guidelines. The MTUS states that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The MTUS states that at present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The 8/25/14 physician documentation indicates that the patient has not been able to return to full duty as a forklift operator and is on modified duty. The ODG states that an FCE can be considered if case management has been hampered by complex issues or the patient is at MMI. The documentation does not indicate that there have been complex case management issues. The documentation is no clear why the physician cannot extrapolate the patient's limitations from history and physical exam findings. The documentation is not clear that the patient is near MMI. The documentation submitted does not support the medical necessity for an FCE.