MAXIMUS Federal Services

Case Number:	CM15-0010693		
Date Assigned:	01/30/2015	Date of Injury:	12/06/2013
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/20/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 46 year old female who sustained an industrial injury on 12/06/2013. The current diagnoses include plantar fasciitis bilaterally, tenosynovitis, and painful gait. Treatments to date include medication management, custom orthotics, and night splints. Report dated 12/15/2014 noted that the injured worker presented with complaints that included left ankle and bilateral feet pain. Physical examination was noted for abnormal findings. The utilization review performed on 12/29/2014 non-certified a prescription for functional capacity evaluation (bilateral Heels) based on lack of documentation to support conservative treatment, and response to night splints. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (bilateral heels): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21.

Decision rationale: Per ACOEM: evaluated in working populations and determined to reflect true job demands. At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. If a more comprehensive preplacement examination is done for health promotion or protection purposes, it may identify other risk factors and conditions such as obesity, thyroid disease, poor muscular conditioning, pregnancy, diabetes, and certain congenital anomalies. The employee should be counseled about factors associated with WRMSDs or other work-related health concerns and potential risks, particularly if he or she has any preexisting medical conditions. This process also allows the health care provider to communicate to the employer the need for appropriate restrictions, accommodations, or task redesign that would permit the employee to work safely. The patient was diagnosed with plantar fasciitis and had notable difficulties. Functional capacity evaluation would be appropriate.