

Case Number:	CM15-0016019		
Date Assigned:	02/04/2015	Date of Injury:	09/04/2014
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who sustained an industrial injury on 9/4/14. The injured worker reported symptoms in the left ankle. The diagnoses included left ankle sprain. Treatments to date include physical therapy and oral medications. In a progress note dated 12/17/14 the treating provider reports the injured worker was with "left ankle pain frequent". On 1/5/15 Utilization Review non-certified the request for 1 functional capacity evaluation and 6 chiropractic manipulation sessions. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The patient presents with left ankle and foot pain, rated 7/10. The request is for FUNCTIONAL CAPACITY EVALUATION. Physical examination to the left ankle on 01/28/15 revealed tenderness to palpation over the medial and lateral ligaments. Range of motion was diminished with pain. MRI of the left ankle on 11/13/14 showed focal thickening and a partial tear avulsion of the deltoid ligament from the medial talar body with bone contusion and probable small cortical avulsion injury arising from the medial malleolar tip and remote healed injury of the anterior tibofibular ligament. Patient's treatments have included physical therapy, moist heat treatment, over the counter analgesic ointments, D/c walker boot, soft left ankle brace. Patient's diagnosis include severe left ankle sprain with injuries to the ligament on both medial and lateral side, bone bruising and ankle stiffness, per 01/28/15 progress report. Per 11/19/14 progress report, patient was prescribed Mobic. Based on the 01/28/15 progress report, patient is to return to modified duty on 02/02/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluation, may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has undergone conservative treatment in form of medications and physical therapy but continues to have pain in the left ankle. The progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by the ACOEM. Additionally, the patient is back to modified duty, per progress report dated 01/28/15. Therefore, the request IS NOT medically necessary.

6 chiropractic manipulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient presents with left ankle and foot pain, rated 7/10. The request is for FUNCTIONAL CAPACITY EVALUATION. Physical examination to the left ankle on 01/28/15 revealed tenderness to palpation over the medial and lateral ligaments. Range of motion was diminished with pain. MRI of the left ankle on 11/13/14 showed focal thickening and a partial tear avulsion of the deltoid ligament from the medial talar body with bone contusion and probable small cortical avulsion injury arising from the medial malleolar tip and remote healed injury of the anterior tibofibular ligament. Patient's treatments have included physical therapy, moist heat treatment, over the counter analgesic ointments, D/c walker boot, soft left ankle brace. Patient's diagnosis include severe left ankle sprain with injuries to the ligament on both medial and lateral side, bone bruising and ankle stiffness, per 01/28/15 progress report. Per 11/19/14 progress report, patient was prescribed Mobic. Based on the 01/28/15 progress report, patient is to return to modified duty on 02/02/15. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not

recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended."MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)."Treater has not provided a reason for the request. In review of the patient's medical records, there is no mention patient has had chiropractic treatment in the past. An initial trial of 6 sessions would be reasonable. However, treatment to the ankle is not supported by MTUS. Therefore, the request IS NOT medically necessary.