

Case Number:	CM15-0017895		
Date Assigned:	02/05/2015	Date of Injury:	12/06/2013
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 12/6/13. She subsequently reports left foot pain. Diagnoses include plantar fasciitis and tenosynovitis. Treatment to date has included physical therapy and pain medications. A progress note on 12/15/15 indicated the claimant had been undergoing modified duties at work and an Orthopedic surgeon stated there was no need for further diagnostic or therapeutic intervention . The prior treatments were adequate but the claimant did not have improvement. On 1/15/2015, Utilization Review non-certified a request for FCE Bilateral Feet. The FCE Bilateral Feet service was denied based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) B feet: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation. Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case the claimant had returned to work with modified duties. No documentation on work hardening is provided. The surgeon stated no other therapeutic modalities were needed but recommended further functional improvement. As a result, a functional capacity evaluation is medically necessary.