

Case Number:	CM15-0121350		
Date Assigned:	07/02/2015	Date of Injury:	08/20/2013
Decision Date:	07/30/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/23/2015

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:

The injured worker is a 55 year old male with an industrial injury dated 08/20/2013. The injury is documented as occurring as he was climbing down from a diesel truck and twisted his left ankle and foot on uneven ground. His diagnoses included left ankle sprain/persistent pain, left ankle/lateral instability and left ankle peroneal tendon subluxation. Comorbid diagnoses included hypertension and non-insulin dependent diabetes. Prior treatment included medications, home exercise program, and physical therapy. The injured worker presents on 02/17/2015 with complaints of mild to moderate constant pain in left ankle and foot. Physical exam of the ankle and foot noted no swelling, deformity or weakness of ankle or foot. There was tenderness and snapping with flexion and extension over the lateral malleolus with peroneal tendon. Gait was antalgic. The requested treatment was for functional capacity evaluation.

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 American College of Occupational and Environmental Medicine, Independent Medical Examinations and Consultations; Official Disability Guidelines, Fitness for Duty, FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity 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 there is mention of modified return to work. There were persistent symptoms despite therapy and medication use. However, there was no indication that therapy notes assessing physical limitations and restrictions cannot be used to determine functional capacity for work. As a result, the request for a functional capacity evaluation is not medically necessary.