

Case Number:	CM15-0173413		
Date Assigned:	09/15/2015	Date of Injury:	09/26/2014
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Emergency 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 47 year old female, who sustained an industrial injury on September 26, 2014 and reported left foot pain. The injured worker is diagnosed as having left foot crush injury with left extensor digitorum longus tendinitis and lumbar spine strain with radicular complaints; secondary to altered gait. Her work status is modified duty. Currently, the injured worker complains of intermittent moderate pain in the left posterior foot. Physical examinations dated July 8, 2015, July 17, 2015 and August 5, 2015 reveals the injured worker has an altered gait, dorsalis pedis and posterior tibial pulses are 2 on 4 bilaterally. The feet are warm to touch bilaterally and well perfused. The injured workers neurological and dermatological examinations are within normal limits. The musculoskeletal examination reveals "5 on 5 muscle strength with plantar flexion, inversion and eversion, and 4 on 5 with dorsiflexion". There is "pain with motion resistance of the extensor digitorum longus noted" as well as "tenderness to palpation over the fifth metatarsal dorsal-lateral distal aspect." There is pain and "tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over level L5-S1 facets with left greater than right. There is also muscle spasms noted." Treatment to date has included physical therapy, acupuncture and Motrin (provides relief). A request for a Functional Capacity Evaluation has been denied, due to failure to indicate a full reason and rationale as to how the evaluation could be of assistance, per Utilization Review letter dated August 26, 2015.

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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The requested Functional Capacity Evaluation, is not medically necessary. CA MTUS The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has intermittent moderate pain in the left posterior foot. Physical examinations dated July 8, 2015, July 17, 2015 and August 5, 2015 reveals the injured worker has an altered gait, dorsalis pedis and posterior tibial pulses are 2 on 4 bilaterally. The feet are warm to touch bilaterally and well perfused. The injured workers neurological and dermatological examinations are within normal limits. The musculoskeletal examination reveals "5 on 5 muscle strength with plantar flexion, inversion and eversion, and 4 on 5 with dorsiflexion". There is "pain with motion resistance of the extensor digitorum longus noted" as well as "tenderness to palpation over the fifth metatarsal dorsal-lateral distal aspect." There is pain and "tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over level L5-S1 facets with left greater than right. There is also muscle spasms noted." There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Capacity Evaluation is not medically necessary.