

Case Number:	CM15-0178820		
Date Assigned:	09/21/2015	Date of Injury:	11/19/2014
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male who sustained an industrial injury on 11-19-14. The impression is noted as left ankle sprain and chronic lumbosacral strain. Previous treatment includes medications, a detoxification program, and physical therapy. A magnetic resonance scan of the left ankle concludes: severe fusiform thickening of the entire Achilles tendon, representing a combination of postsurgical changes and tendinosis, no Achilles tendon tear is identified, remote complete tear of the anterior talofibular ligament and sprain of the deep deltoid ligaments. In a progress report dated 7-8-15, the physician notes he is complaining of mild to moderately severe low back pain and that he has to sleep in a recliner. He also complains of mild to moderate left ankle pain especially on weight bearing. It is noted he completed a chemical dependency program and is completely off narcotics. Exam of the lumbar spine reveals a normal range of motion and trunk mobility, paralumbar muscle guarding and tender sacroiliac joints bilaterally. The lower extremity exam reveals the right ankle is tender and slightly swollen. There is 45 degrees flexion, 90 degrees extension, eversion is 30 degrees and inversion is 30 degrees. He cannot walk on his heels and toes. His gait is slightly antalgic without the use of a cane. It is noted there is no sensory loss in any extremity. He is to return to work on 7-20-15, 20 hours a week with no lifting over 20 pounds. It is noted the physician would like to have functional testing done by a physical therapist, and the injured worker will use a transcutaneous nerve stimulator and if effective, he will purchase, and requests that Zipsor and Senokot be approved. The requested treatment of a Functional Capacity Evaluation was denied on 8-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in November 2014 when he sprained his ankle while working as an estimating engineer. His job involves office work. Treatments have included medications and physical therapy. When seen, his body mass index was over 32. There was lumbar muscle guarding. There was bilateral sacroiliac joint tenderness. He had right ankle tenderness with slight swelling. There as decreased range of motion and he had an antalgic gait. He was unable to walk on the heel or toes. A functional capacity evaluation was requested with return to restricted work on a part time basis in approximately 2 weeks. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, no further treatments are being planned. The claimant has not returned to work which is now planned on a restricted, part time basis. The requested functional capacity evaluation would be used to determine the need for ongoing medically necessary work restrictions. It is considered medically necessary.