

Case Number:	CM15-0096599		
Date Assigned:	05/26/2015	Date of Injury:	09/01/2012
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 (IW) is a 32-year-old female who sustained an industrial injury on 09/01/2012 due to a fall. Diagnoses include mild bone marrow edema in the inferior aspect of the head of the talus, the medial aspect of the navicular and in the base of the right third metatarsal; status post repair of the anterior talofibular and calcaneofibular ligaments; right Achilles enthesopathy and 6mm plantar calcaneal spur at the origin of the plantar fascia. MRI dated 2/10/15 noted mild bone marrow edema in the inferior aspect of the head of the talus, the medial aspect of the navicular and in the base of the right third metatarsal, compatible with trabecular bone injuries; repaired ligaments were intact; right Achilles enthesopathy and 6mm plantar calcaneal spur at the origin of the plantar fascia. Treatment to date has included medications, physical therapy, surgery and CAM walker. According to the comprehensive orthopedic evaluation dated 4/7/15, the IW reported right foot and ankle pain rated 4/10. On examination, the anterior right ankle and proximal tibiofibular joint space were moderately tender to palpation and active inversion and eversion of the ankle was limited. There was also mild tenderness over the tibial tuberosity. The provider believed the IW could return to work with restrictions. A request was made for a functional capacity evaluation, right ankle and right foot, per 04/07/2015 order, to provide accurate work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, right ankle and right foot: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 137-138.

Decision rationale: The requested Functional capacity evaluation, right ankle and right foot, is 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 right foot and ankle pain rated 4/10. On examination, the anterior right ankle and proximal tibiofibular joint space were moderately tender to palpation and active inversion and eversion of the ankle was limited. There was also mild tenderness over the tibial tuberosity. The provider believed the IW could return to work with restrictions. A request was made for a functional capacity evaluation, right ankle and right foot, per 04/07/2015 order, to provide accurate work restrictions. The treating physician has adequately documented the medical necessity to evaluate the injured worker's ability to perform restricted work functions. The criteria noted above having been met, functional capacity evaluation, right ankle and right foot is medically necessary.