

Case Number:	CM14-0129959		
Date Assigned:	08/22/2014	Date of Injury:	05/03/2011
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35 year old male with an injury date on 5/3/11. Patient complains of bilateral hip pain, left > right, and lumbar pain per 5/15/14. Patient also has stiffness in the hips, weakness, and limited range of motion has hasn't changed per 5/15/14 report. Based on the 5/15/14 progress report provided by [REDACTED] the diagnoses are: 1. osteoarthritis, unspecified 2. pain in joint, pelvic region and thigh Most recent physical exam on 4/24/14 showed "tenderness to palpation and decreased range of motion of bilateral hips and L-spine." Exam on 5/15 shows unchanged range of motion from prior report. [REDACTED] is requesting functional capacity evaluation. The utilization review determination being challenged is dated 7/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/23/13 to 6/26/14.

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: Decision based on MTUS ACOEM Page(s): 137-139. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter/Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138.

Decision rationale: This patient presents with bilateral hip pain, and back pain. The provider has asked for functional capacity evaluation on 6/26/14. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the provider does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Recommendation is for not medically necessary.