MAXIMUS Federal Services

Case Number:	CM14-0027230		
Date Assigned:	06/13/2014	Date of Injury:	01/05/2011
Decision Date:	08/11/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 injured worker is a 53 year old female certified nursing assistant (CNA) whose date of injury is 01/05/11. The records indicate that the injured worker was assisting a patient who started to fall and the injured worker prevented the patient from falling, and the injured worker felt a pulling sensation in her neck, right shoulder and right groin. The injured worker is status post right hip arthroscopy on 07/03/13 with labral repair and acetabular takedown, followed by 30 visits of postoperative physical therapy. Progress report dated 01/24/14 indicated that the injured worker tried to return to duty, but there was none. The injured worker was noted to continue with subjective complaints of pain and weakness following labral repair. She does not feel she can return to her job. Physical examination reported the injured worker is neurologically intact from L2 to S1. Her gait appears exaggerated. Her internal rotation is about 30 degrees with mild continued subjective discomfort. Her straight leg raise and palpation of the lateral thigh produce no discomfort. Strength testing revealed 4+/5 strength throughout with mild pain and giving way on testing. Impression was S/P hip arthroscopy with acetabular takedown and labral repair, right hip with continued subjective dysfunction and no obvious objective findings. Functional capacity evaluation was recommended to determine her true capabilities. Magnetic resonance image of the right hip on 02/14/14 was reported as a normal study.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY TEST OF THE RIGHT HIP (1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, page(s) 511.

Decision rationale: There is little scientific evidence confirming that functional capacity evaluations (FCEs) predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. In this case, the injured worker had subjective complaints of residuals following right hip arthroscopic surgery, but there were no significant objective findings on magnetic resonance imaging or on physical examination that would support the need for FCE. Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary.