

<b>Case Number:</b>	CM15-0205527		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54-year-old female, with a reported date of injury of 11-06-2014. The diagnoses include right proximal hamstring rupture. The progress report dated 09-11-2015 indicates that the injured worker presented for right hip pain. It was noted that currently, she stated that the symptoms were mild to moderate. The symptoms occurred with activity, and were aggravated by walking and physical therapy. The objective findings include a normal gait; normal alignment of the right hip; normal effusion of the right hip; some pain with resisted hip extension and knee flexion; no swelling of the right hip; and active and passive range of motion of the right hip at 20 degrees. It was noted that the injured worker had restrictions of 5 hours per day; 5 minutes sitting break every hour. The diagnostic studies to date have included an MRI of the right thigh on 11-08-2014 which showed full-thickness tearing of the right common hamstring tendon from the ischial attachment, a large fluid collection within the gap of the left by the torn tendons partially surrounding the sciatic nerve, mild to moderate muscular strain injury, and an area of suspected blood clot. Treatments and evaluation to date have included physical therapy, Percocet, LidoPro, right proximal hamstring repair on 12-23-2014, Naproxen, Ibuprofen, and Celebrex. The treating physician requested a functional capacity evaluation and functional restoration program. On 09-21-2015, Utilization Review (UR) non-certified the request for a functional capacity evaluation and modified the request for functional restoration program to a functional restoration program evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (Unknown Duration): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration programs (FRPs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional restoration program (unknown duration) is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system). The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change and is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (20 days or 160 hours) or the equivalent in part based sessions. If treatment duration in excess of four weeks is required, a clear rationale for the specified extension and reasonable goals to be achieved should be provided. The negative predictors of success include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnosis is hamstring tendon tear. Date of injury is November 6, 2014. Request for authorization is September 14, 2015. According to a September 11, 2015 progress note, the injured worker subjectively complains of ongoing right hip pain that is increased with walking and physical therapy. The injured worker is status post right proximal hamstring tendon repair of December 23, 2014. Objectively, the injured worker has a normal gait. There are no significant physical findings on examination. There is some pain with extension. Otherwise the examination appears unremarkable. The treating provider is requesting a functional restoration program. The number of hours for the FRP is not designated in the request. There is no documentation in the medical record the injured worker has a motivation to change or is there documentation the worker is willing to change the medication regimen. There is no documentation successful treatment may change compensation and/or the secondary gains. There was a peer-to-peer conference between utilization reviewer and the treating provider on September 21, 2015 at 3:25 PM. The treating provider indicated the functional restoration program was for an evaluation only. During the peer to peer, the treating provider indicated there

was an absence of other options likely to result in significant clinical improvement, the injured worker has a significant loss of ability to function independently, the patient is not a candidate for surgery or other treatments and the patient exhibits a motivation to change. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, lack of specificity in the request for the functional restoration program and a peer-to-peer conference call indicating a functional restoration program evaluation only is requested, functional restoration program (unknown duration) is not medically necessary.

**FCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for performing FCE, Fitness for Duty Chapter.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Pursuant to the ACOEM, functional capacity evaluation (FCE) is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnosis is hamstring tendon tear. Date of injury is November 6, 2014. Request for authorization is September 14, 2015. According to a September 11, 2015 progress note, the injured worker subjectively complains of ongoing right hip pain that is increased with walking and physical therapy. The injured worker is status post right proximal hamstring tendon repair of December 23, 2014. Objectively, the injured worker has a normal gait. There are no significant physical findings on examination. There is some pain with extension. Otherwise the examination appears unremarkable. The treating provider is requesting a functional capacity evaluation. There was no documentation of prior unsuccessful return to work attempts. There was no clinical rationale in the medical record for the functional capacity evaluation. There was a peer-to-peer conference between utilization reviewer and the treating provider on September 21, 2015 at 3:25 PM. The treating provider indicated he was not making a request or a functional capacity evaluation at this time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and a peer-to-peer conference call indicating a functional capacity evaluation was not being made at the present time, a functional capacity evaluation (FCE) is not medically necessary.