

<b>Case Number:</b>	CM15-0023223		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/26/1999
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61-year-old male, with a reported date of injury of 07/26/1999. The diagnoses include sciatic neuritis, piriformis syndrome, left hip degenerative disc disease, chronic pain syndrome, and status post piriformis release and sciatic nerve decompression. Treatments have included left piriformis muscle injection on 01/06/2015, an H-wave unit, and oral medications. The progress report dated 01/27/2015 indicates that the injured worker had an allergic reaction to Lyrica, the sympathetic nerve block to the left hip was ineffective, and the H-wave unit was not working for the injured worker. The objective findings included no change to the left hip. The treating physician requested a functional capacity evaluation (FCE) for the left hip. The rationale for the request was not indicated. On 02/03/2015, Utilization Review (UR) denied the request for a functional capacity evaluation (FCE) for the left hip, noting that the injured worker had a piriformis release on his hip and could not squat or bend to perform his job. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation for the left hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity evaluation Page(s): 48.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not justified or medically necessary.