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| Case Number: | CM15-0047072 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 08/19/2013 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: North Carolina, Georgia
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 36-year-old male, who sustained an industrial injury on 08/19/2013. He reported that while he was climbing onto a truck he sustained an injury to the left hip and a twisting injury to his left knee. The injured worker was diagnosed as having patellofemoral mal-alignment of the left knee, hip pain, sciatica of the bilateral sides, back pain, late effect of sprain/strain without mention of tendon injury, status post hip replacement, and pain in joint in the pelvic region and thigh. Treatment to date has included laboratory studies, x-ray of the left hip and femur, medication regimen, x-rays of the left knee, and above listed procedure. In a progress note dated 12/10/2014 the treating provider reports locking and catching of the lumbar spine with radiation to the left leg. The medical records provided did not contain the documentation for the request for a functional capacity evaluation for the left hip.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The CA MTUS is silent on the issue of functional capacity evaluation. ODG cautions that a functional capacity evaluation is most helpful if the worker is actively participating in finding a job and not as effective if it is less collaborative and more directive. Job specific directives are more helpful than general assessments. ODG instructs that one should consider an FCE if there have been prior unsuccessful return to work attempts, if there are conflicting medical assessments of precautions or fitness for a modified job or injuries that require a detailed exploration of a worker's capacity. Additionally, the worker should be close to or at MMI. In this case, there have been no prior return to work attempts and there are no conflicting medical reports on any modified job capacities. As such, the ODG criteria for considering an FCE are not met and the original UR decision is upheld.