

Case Number:	CM15-0088628		
Date Assigned:	05/12/2015	Date of Injury:	01/01/2015
Decision Date:	06/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 doctor's first report dated 03/17/2015 indicates that the injured. The injured worker is a 63-year-old male, with a reported date of injury of 01/01/2015. The diagnoses include right hip fracture and right hip pain. Treatments to date have included occupational therapy, an x-ray of the right hip, oral medications, open reduction internal fixation of the right hip on 01/02/2015, and post-operative physical therapy. The worker had a right hip fracture. The objective findings include decreased range of motion with guarding, tenderness to palpation of the right hip, a positive Fabere's test, decreased sensation in the right lower extremity patellar distribution, and a very slow guarded gait with use of a walker. The treating physician requested a functional capacity evaluation. The rationale for the request was not indicated.

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 Chronic Pain Treatment Guidelines Functional Improvement Measures.

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 (FCE).

Decision rationale: The injured worker sustained a work related injury on 01/01/2015. The medical records provided indicate the diagnosis of right hip fracture and right hip pain. Treatments to date have included occupational therapy, an x-ray of the right hip, oral medications, open reduction internal fixation of the right hip on 01/02/2015, and post-operative physical therapy. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. The medical records indicate the request was made during the initial evaluation of the injured worker, there was a concurrent request for physical therapy, and the injured worker was advised to follow up with an orthopedist; the purpose of the functional capacity evaluation was not specified. Since the MTUS does not have specific criteria for Functional Capacity Evaluation (FCE), the Official Disability Guidelines was used for the determination. The Official Disability Guidelines states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Therefore the requested evaluation is not medically necessary since the injured worker is far from reaching maximal medical improvement, there is no information on the purpose of the functional capacity evaluation.