

Case Number:	CM14-0183119		
Date Assigned:	11/10/2014	Date of Injury:	10/08/2012
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine and Rehabilitation, 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:

This is a 49-year-old male who sustained a remote industrial injury on 10/08/12 diagnosed with osteoarthritis of the pelvic region and thigh, contusion of the hip, pain in the joint of the pelvic region and thigh, ethesopathy of the hip region, myalgia and myositis, and sprain/strain of the lumbosacral region. Mechanism of injury occurred while the patient was pulling and twisting a cable to start a generator and felt a popping sensation in the left hip followed by sharp pain. The request for functional capacity examination (FCE) was non-certified at utilization review due to the lack of documentation indicating a maximum medical improvement report or that an ergonomic assessment has been arranged and the patient has returned to work without restrictions, so the prospective request is not supported by guidelines. The most recent progress note provided is 10/02/14. Patient complains primarily of constant aching and dull pain over the left hip and leg with significant spasms rated as a 6/10. The patient also reports that increased activity, sneezing, and standing a long time aggravate the pain, and at its worst level the pain is rated as a 10/10. Physical exam findings reveal tenderness upon palpation of the greater trochanteric bursa on the left side, tightness and trigger points with spasms in the left gluteus medius, maximus and piriformis muscles, tenderness over the left iliofemoral and ilioinguinal tendons and muscles, positive straight leg raise at 60 on the left, decreased Achilles reflex on the left, and a limp on the left with leg length discrepancy. Current medications include: Norco and Fexmid. It is noted that a urine toxicology screen review was performed on 07/21/14. It is also noted that the patient is currently working and will continue to work. The treating physician is requesting medication refills and 12 sessions of massage therapy. Provided documents include several previous progress reports and urine toxicology reports. On 09/18/14, the treating physician requests that the patient undergo a functional capacity evaluation to assess the patient's

return to work environment. The patient's previous treatments include total left hip replacement, hernia repair, physical therapy, acupuncture, and medications. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination (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-Fitness for Duty

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 Independent Medical Examinations and Consultations, pages 137-138 Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to ACOEM guidelines, "Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." ODG also highlights that FCEs are "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In this case, the treating physician does not describe what specific job duties of the patient's occupation may necessitate an FCE, if the patient plans to enter a Work Hardening Program, or document failure of return to work attempts to support the medical necessity of an FCE. Rather, it appears that this request is part of a generic assessment, and the patient has already returned to work. As such, medical necessity for Functional capacity examination (FCE) is not supported.