

Case Number:	CM15-0064530		
Date Assigned:	04/10/2015	Date of Injury:	10/29/2013
Decision Date:	05/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida, California
 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 injured worker is a 55 year old male, who sustained an industrial injury on 10/29/2013 reported right inner thigh and groin region pain. On provider visit dated 12/22/2014 the injured worker has reported constant pain in the right inner thigh and groin region. On examination of the lumbar spine he was noted to have positive spasm and tenderness in the paravertebral musculature, positive toe and heel walking with pain. Gait was noted to be slow and antalgic. He was noted to have tenderness over the right greater trochanter and pain with range of motion. The diagnoses have included right inguinal pain rule out inguinal hernia and right hip tendinitis/bursitis. Treatment to date has included MRI right groin, TENS unit and medication. The provider requested Functional Capacity Evaluation in order to assess his physical abilities and provided him with appropriate restrictions.

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 Capacity Evaluations (FCEs). Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations Official Disability Guidelines-

Treatment in Workers' Compensation, Online Edition Chapter: Fitness For Duty - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Chronic Pain Guidelines Page(s): 48.

Decision rationale: In this case, the injury is from almost two years ago. I saw no evidence that work restrictions could not be assessed by basic physical exam and clinical judgment, and why elaborate functional testing would be needed to establish them. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. Based on these, and the reasons previously cited, the case did not meet this timing criterion. For these reasons, this request was appropriately non-certified and considered not medically necessary.