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Notice of Independent Review Decision

DATE OF REVIEW: 12/20/12

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Functional Capacity Evaluation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Subsequent evaluation dated 10/19/2011
2. Review decision dated 10/28/2011 and 11/23/2011
3. Letter of medical necessity, no date.

PATIENT CLINICAL HISTORY (SUMMARY):

This is a male with a reported date of injury of xx/xx/xx. On 10/19/2011, this patient was seen in clinic. At that time, he reported receiving significant functional and subjective benefit from a second lumbar epidural steroid injection. He stated he was injured on xx/xx/xx while gathering surgical trays from storage and placing them on a table. Examination showed upper extremity reflexes to be 2+ bilaterally. Lower extremity reflexes were 1+. Sensation was decreased over the left lower extremities. Left lower extremity motor evaluation demonstrated 4/5 motor strength with induction of guarding and pain. Bilateral upper extremity and left lower extremity motor testing was 5/5. Supine straight leg raise was performed and noted as positive on the left with 65 degrees of hip flexion and at 70 degrees on the right. Patient was currently working full-time with unrestricted duty at that time. Standing posture was found to be steady and he walked with a steady gait, stride, and stance. Based on that examination, a Functional Capacity Evaluation was recommended by the provider.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The initial decision dated 10/28/2011 indicated that the purpose of the requested FCE was determined if radiculopathy was still present and to evaluate work status and to evaluate the claimant's standing capacity. It was determined that a FCE would not identify such capacity, and, secondly, the claimant was already working full-time without restrictions, and it was apparent his standing capacity was adequate for the job duties. The subsequent review dated 11/23/2011 the medical records indicated the patient was currently working full-time on unrestricted duty. Based on the clinical information provided, the request for a Functional Capacity Evaluation was not recommended as being medically necessary based on the patient's current standing capabilities.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Reference:

Official Disability Guidelines, Fitness for duty Chapter, Online Edition
Guidelines for performing an FCE:

If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive.

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.