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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/25/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of a functional capacity evaluation (16 units)

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

The reviewer is a Medical Doctor who is board certified in Occupational Medicine.

**REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the medical necessity of functional capacity evaluation (16 units)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Referral for Functional capacity Evaluation 5/29/2013

X-Ray Report- right wrist- 5/23/2013, 6/7/2013, 6/27/2013

Physician Progress Report- 5/23/2013, 6/27/2013, 7/25/2013

Workers Compensation Work Status Report- 5/9/2013, 5/23/2013, 6/27/2013, 7/25/2013, 8/22/2013

Authorization for evaluation- 8/22/2013

Initial Orthopedic Consultation- 5/9/2013

Records reviewed:

Request for Reconsideration- 9/11/2013, 9/25/2013

FCE Preauthorization Request- 9/6/2013

Physician Progress Report- 8/22/2013,

Denial- 9/11/2013

Reconsideration Upheld- 10/3/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

is a man who initially came under the care for a fracture of the right radius. Apparently he had fallen and was seen at Hospital on xx/xx/xx. Six months ago he underwent closed reduction and casting of the right distal radius. He was evaluated for follow up nearly three weeks later by an orthopedist. The doctor reviewed the x-rays and found him to be stable. He had a very straight forward right distal radius fracture and he had no neuromuscular deficit. He had good capillary filing. He was in a long armed cast. His motor and sensory were intact and his range of motion was as expected. The cast was intact. The x-rays were repeated and there was enough healing that he was allowed to a short arm cast at that time.

On 5/23/2013 evaluated the claimant again and noted that he was working four hours a day on light-duty. He was six weeks since his injury. His short arm cast was well molded and he suggested aggressive range of motion exercises of the fingers. The repeated x-rays on 6/27/2013 by the radiologist noted no displacement. There was a compression fracture of the distal radius with good healing. There were no complications.

On 6/27/2013 occupational physical therapy on the wrist was recommended for range of motion and he was given a splint that he was instructed to use while he is using his arm. He could come out of the splint at home and do his own exercises. did not find any complications.

On 7/25/2013 an orthopedist, noted that his range of motion was gradually improving. His pronation and supination were almost normal. He was non-tender to palpation and his motor and sensory were intact. He was continuing working on light- duty until he was back for four weeks. There were no complications.

On 8/22/2013, nearly four months after the injury, the x-rays showed good healing. He had mild pain on the ulnar side. He was taking only ibuprofen and not requiring any narcotics. The review of the systems was negative. There were no complications. The dorsiflexion was slightly limited but otherwise the range of motion had improved. The supination and pronation were back to normal. An additional four weeks of aggressive therapy was suggested. As for his work he said that he might get a functional capacity evaluation; however, there were no complicating matters to require a functional capacity evaluation.

A file review by an independent utilization review on 9/11/2013 noted that he had Responded very well to treatment. There were no complications from the simple fracture of the radius. The x-rays had shown good healing. There was no medical necessity for doing a functional capacity. The ODG fitness for duty chapter guidelines for performing a functional capacity states that it is not medically necessary. There was sufficient participation in physical therapy. The doctor did discuss with chiropractor and the chiropractor did not seem to know the patient. The physician reviewer did not find any objective findings. An attempt was made to talk to the doctor but apparently it was not successful.

Another review performed did not respond to the doctors attempt to talk to him. There were no medical objective findings described to require a functional capacity evaluation. An undated request for a functional capacity evaluation does not provide any objective physical findings to require a functional capacity evaluation. The statements which are not signed by anyone are not documented with any objective measurements. It simply states that they are actively participating in determining the suitability of a particular job. This is a non-specific statement and does not provide any scientific objective measurements. The specific documents reviewed from each source include the handwritten notes, the x-ray reports medical records of orthopedist independent contractor with multiple reports from 5/9/2013 to August of 2013, Pain Clinics request, and statements which are not signed or dated. The handwritten notes of 8/29/2013 for a functional capacity evaluation do not provide any objective physical findings or diagnostic findings to require any functional capacity evaluation. The service and dispute and request of service are to determine the prospect of the medical necessity of a functional capacity evaluation (16 units.) My clinical decision is that a functional capacity evaluation is not medically necessary or medically appropriate in a straight forward fracture of the radius which has healed and resolved. It was an uncomplicated fracture and would not require any functional capacity evaluation.

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

Based on the decision the clinical references are the ODG Guidelines 18th Edition 2013 as well as the American College of Occupation Practice Guidelines 2nd Edition 2008 revision.

The references include the Occupational Medicine Practice Guidelines page 138-144. There is no recommendation for a functional capacity for the purpose of simply returning to work in a straight forward fracture of the radius which had no complications. Functional capacity evaluations are not diagnostic tests but a comprehensive battery of performance based test to attempt to determine the individual's ability to work and perform ADLs. There is no finding in this to see any difficulty with activities of daily living. Work activity modification is an important part of many treatment regimens advising them on how to avoid aggravating activities that at least temporarily increase pain. It is decided on the physical examination and coordination with the employer. Making every attempt to maintain the patient at the maximum level of activity including work activity is strongly recommended as in their best interest particularly among

patients who have any significant pain. I do not find any restriction or any measurements described. There is no neuromuscular deficit. The subjective limitations by the individual cannot be justified by simply not making an effort. There are no clinical findings of any inflammation of the wrist. This person had a straight forward fracture which healed promptly without any complications.

The term capacity used in functional capacity evaluation is misleading as there appears to be functional limitations. Since a functional capacity evaluation generally measures any evaluatee performance rather than his or her capacity. The understatement of true capacities are likely whereas overstatements are less likely. There is a significant variation in the study quality generally reflecting both the experience and overall orientation of the provider. There are no diagnostic findings or any clinical findings to show any variation in his normal healing; therefore, as per the Occupational Environmental Guidelines as well as the ODG Guidelines 18th Edition a functional capacity evaluation is not medically necessary, not medically appropriate, and is excessive. The medical records indicate that the claimant had normal routine healing and had no intervening complications. Several x-rays have been performed and there was no displacement and had a normal healing process. As per the criteria for the ODG Guidelines fitness and duty chapter summary guidelines for a worker who is actively participating and has had a sufficient amount of physical therapy it is not medically necessary to have a specific functional capacity as there has been no complications noted. Case management is not hampered as there are no complex issues described. There is no conflicting medical reporting by the orthopedist to require a functional capacity evaluation.

As per the Occupational Disability Guidelines Treatment and Workers Compensation 18th Edition 2013 fitness and duty chapter for a worker who has been participating in his normal job a functional capacity evaluation is not effective when they refer less than collaborative and more directive. Job specifics are not medically noted in this case. There has -been no case management hampering and the claimant has been working on light-duty all along. There has been no documentation of any atrophy of the muscles, sensory deficit, or any correlating additional injuries; therefore, I conclude that there is no medical justification for a functional capacity evaluation. A simple straight forward fracture of the radius does not require a functional capacity evaluation.

References:

1. The Occupational Medicine Practice Guidelines 2th Edition 2008 revision page 138-139.
2. The ODG Guidelines 18th Edition 2013.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)