

# **Applied Assessments LLC**

**An Independent Review Organization**

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## **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Physical Medicine And Rehab

## **Description of the service or services in dispute:**

Functional Capacity Evaluation

**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)

## **Patient Clinical History (Summary)**

This patient is a xxxxx with a date of injury of xxxxx. A job description for a xxxxx has been submitted noting that some individual jobs may require heavy lifting up to 75 lbs. and pushing heavy carts. On xxxxx, this patient was seen in clinic with pain rated at 2/10 and reported that symptoms had decreased. Deep tendon reflexes were considered normal and muscle strength testing revealed muscles intact. X-rays were negative for fracture and/or dislocation. On 10/28/14, this patient was seen for evaluation of impairment rating and was given a 6% whole person impairment rating. It was noted xxxxx had found a new position at work which did not involve quite as much overhead activities and xxxxx found that job to be a lot more comfortable. On an unstated date, a request for a functional capacity evaluation for xxxxx neck and right shoulder was submitted.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

On 11/11/14, a utilization review determination stated that the prospective request for 1 functional capacity evaluation was non-certified. It was noted that while Official Disability Guidelines indicate that an FCE can be considered for patients who are at MMI, there would be need for clarification as to the benefits of that exam for this patient who was already at full time work. Medical necessity had not been established for the requested FCE. On 12/10/14, a utilization review report also noted the request for an FCE was non-certified. It was noted then that a request for an FCE dated 12/04/14 had been certified on the basis that the information submitted on 11/19/14 indicated that the FCE was recommended as this patient had failed a prior return to work attempt. The provider stated xxxxx was not aware that the FCE had been certified and wanted to withdraw the request as it would be a redundant request and therefore would not be reasonable.

Guidelines for performing an FCE note that this procedure may be recommended prior to admission to a work hardening program, or if case management is hampered by complex issues. Guidelines indicate that an FCE is not to be performed if the worker has returned to work or an ergonomic assessment has not been arranged.

The 10/28/14 impairment rating report noted the patient was doing well and xxxxx had found a new position at work which did not involve quite as much overhead activities and xxxxx found that job to be more comfortable. Therefore, the records indicate this patient was at full time work at that time. It is the opinion of this reviewer that the request for a functional capacity evaluation is not medically necessary and the prior denials are upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)