

Functional Capacity Evaluation

Table of Contents	Related Policies	Policy Number	480
Policy Statement..... 1	Work Conditioning	Original Effective Date:	3/2007
Purpose..... 2	Work Hardening	Current Approval Date:	4/22/21
Scope..... 2		Next Review:	4/2022
Definitions..... 2		Category:	Imaging/Testing
Description..... 3			
Background..... 3			
Coding Information..... 4			
References..... 5			
History..... 8			

Policy Statement

Pre-FCE Requirements

1. The FCE is indicated (*see "Background" section; 'Patient Selection Criteria'*)
2. A written referral (from physician, carrier, or employer) is forwarded to the evaluator
3. The purpose of the FCE is explicitly stated i.e., clearly defined goals to guide test selection in the referral document and reflects one or more of the applications of an FCE
4. The referral source and/or evaluator should:
 - Access and review any medical reports
 - Identify potential return to work goals and options in advance
 - Assess and review information about previous duties, what jobs were attempted in the past and why return to work failed
 - Identify and consider co-morbidities and their impact on the FCE request and on the proposed return to work
 - Review any previous FCEs
 - Obtain a subjective pain assessment with self-reported impact on functional abilities and activities of daily living
 - Perform a screening examination
 - Obtain informed consent

Administration of Testing

1. The FCE must be administered by a qualified evaluator (*see Evaluator Qualifications section*)
2. The FCE should be approached on an individual case-by-case basis
3. The evaluation is a dynamic process in which the evaluator makes professional, clinical judgments based on data gathered during the evaluation
4. Measure/observe functional performance
 - a. Isometric or isokinetic tests of individual or whole-body torque correlate poorly with performance of functional activities.
5. Ensure safety & prevention of further injury:
 - a. Communicate risks and contraindications
 - b. Professional judgment is used to determine a safe maximal level for each test component
 - c. Standardized criteria for ceasing a test must be established in advance:
 1. Pain
 2. Nausea
 3. Dizziness
 4. Blurred vision
 5. Radicular symptoms
 6. Continued use of unsafe body mechanics

- d. Cardiovascular monitoring during the evaluation is required
 - e. The FCE should be modified if there are any excessive rises in pulse rate, blood pressure or respiratory rate
 - f. Only the required testing should be performed i.e., testing should focus on critical job demands
6. Evaluators should be aware of the validity and reliability of the FCE system(s) and individual test components they choose to administer.
 7. The FCE typically requires 4 to 6 hours of client testing. The FCE may extend beyond 6 hours or two days to further quantify the ability of the client to sustain the work tasks over a regular work schedule. The length of the FCE is dependent upon:
 - The complexity of the illness or injury and the residual impairments
 - The availability of clearly defined, work related physical demands

Interpretation of Results

1. Test results should be compared with normative data for the system employed
2. Results should be relevant to and comparable with the physical demands of a job when identified

Reporting

Reports must be submitted in writing. Reporting requirement details are described in another section of this document.

Coverage

Functional Capacity Evaluation (FCE) is limited to one assessment every 12 months. However, there may be cases that warrant a repeat FCE in less than 12 months. These cases will be reviewed individually based upon individual client/patient objective data compared to standardized norms.

Purpose

This policy describes the criteria and standards used by Optum* (OptumHealth Care Solutions, LLC) for the clinically appropriate and medically necessary application of functional capacity evaluations (FCE) CPT code 97750.

Scope

This document was developed primarily for Workers' Compensation products, where care management is being rendered for individuals who have musculoskeletal conditions that are medically stable and demonstrate residual limitation of function and disability.

Definitions

A *Functional Capacity Evaluation* (FCE) is a method commonly used in work rehabilitation for assessing the residual capacity of the injured worker for return to work. The conceptual basis of the FCE is an evaluation of the person's potential to perform the physical demands of work in a safe environment. The FCE is based on the observation of the performance of the physical demands of work. FCEs are used as an adjunct method of making judgments of performance potential and readiness for work following a musculoskeletal injury.

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Description

The process recommended for conducting safe, relevant and actionable functional capacity examinations (FCEs) can be described by the following components:

1. Pre-FCE requirements
2. Administration of testing
3. Interpretation of results
4. Reporting

Background

Purpose

Functional Capacity Evaluations (FCEs) provide an objective measurement system to evaluate activity and activity limitations with the specific purpose of matching physical abilities with essential and critical job demands. FCEs also assist with identifying job modifications to enhance worker safety and delineating functional capacities in case of litigation, impairment and disability. The focus of the FCE is on the job demands and the performance of the job demands.

Historically, return-to-work decisions were based upon diagnoses and prognoses of physicians, but did not include objective work function information. Practitioners, whose core competencies include functional evaluation, began to develop relative functional tests. These tests examined and evaluated the ability to perform physical work functions as described in the *Selected Characteristics of Occupations as Defined in the Revised Dictionary of Occupational Titles*. Functional examination/evaluation combined with diagnoses and prognoses by trained clinicians has become an accepted tool for safely returning individuals to employment.

Patient Selection Criteria

The FCE may be indicated for the assessment of the worker's capacity to meet the physical demands of specific duties when other sources do not provide this information. *It is noted that a work trial is often the most valid test of a worker's capacity.*

The FCE may be used as a source of information for the development of a return to work program/plan at the point of maximal medical improvement when:

- ◆ Treatment progress has reached a plateau/medically stationary
- ◆ Discrepancy between subjective complaints and objective findings
- ◆ Difficulty returning to gainful employment
- ◆ Physical limitations and/or functional impairments impede performance of regular work demands
- ◆ Vocational planning, job placement and/or medico legal case settlement

The FCE is typically not indicated prior to three (3) months post-injury, unless there is a significant documented change in the claimant's status which justified earlier utilization.

Outcomes

Anticipated outcomes of the FCE include:

- Making recommendations about interventions such as safe manual handling and other actions which facilitate return to work
- Specifying duties including proposed return to work duties or different duties

Facilities and Equipment

The FCE should be performed in settings that meet ALL the following:

- The equipment represents an appropriate system i.e., relevant tests, normative standards, acceptable reliability and validity
- The environment and space for the equipment meet system specifications
- The evaluator has completed the training necessary to understand the advantages and limitations of the equipment
- Appropriate maintenance and calibration of the equipment is documented and available for review
- There are appropriate planning, facilities and equipment to respond to emergencies

Evaluator Qualifications

The FCE shall be performed in its entirety by a physical or occupational therapist currently holding a valid license, or other licensed provider qualified by scope of practice. The FCE should be performed by evaluators who have education, training and competencies. Competencies must be evident by certification, where required specific to the FCE system that is being used, and by experience (having satisfactorily performed a minimum of five (5) FCEs. Proof of competencies may include a review by the Credentialing and Risk Management Committee of a sampling of previously completed FCE reports.

Reporting Requirements

Written reports will include the following information:

- a. Patient demographics including work history
- b. Indication for evaluation
- c. Type of evaluation performed
- d. Raw and tabulated data
- e. Normative data values
- f. Narrative coversheet at the beginning of the document describing the results of the evaluation and recommendations

Where relevant, the detailed report should include the following additional areas:

- g. Results of subjective interview
- h. Results of self-reported measures of disability
- i. Results of physical examination/screening
- j. Behavioral aspects including pain behavior and effort
- k. Pace of work
- l. Clinical observations including body mechanics
- m. Functional abilities for the assessed physical demands

Coding Information

Note: The Current Procedural Terminology (CPT) codes listed in this policy may not be all inclusive and are for reference purposes only. The listing of a service code in this policy does not imply that the service described by the code is a covered or non-covered health service. Coverage is determined by the member's benefit document.

Code	Description
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

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Utilization Management Policy

Policy History/Revision Information

Date	Action/Description
3/08/2007	Utilization Management Committee approved inactivation of the policy
4/12/2007	Quality Improvement Committee approved inactivation of policy
12/11/2008	Policy updated: placed into new format; and submitted to UMC for approval
4/30/2009	Annual review and approval completed
4/08/2010	Annual review and approval completed; references updated
10/26/2010	Policy rebranded to "OptumHealth Care Solutions, Inc. (OptumHealth)"
4/07/2011	Annual review and approval completed
4/19/2012	Annual review and approval completed
4/18/2013	Reference list updated; Annual review and approval completed
4/17/2014	Annual review and approval completed; Minor additions to Administration of Testing and Patient selection Criteria sections; Definition of FCE revised Background Purpose revised; References updated; Policy rebranded "Optum* by OptumHealth Care Solutions, Inc."
4/16/2015	Annual review and approval completed
4/21/2016	References updated; Annual review and approval completed
4/20/2017	References updated; Annual review and approval completed; Legal entity name changed from "OptumHealth Care Solutions, Inc." to "OptumHealth Care Solutions, LLC."
4/26/2018	Policy inactivated
4/22/2021	Policy reactivated after updating references. No other significant changes to the policy document

Contact Information

Please forward any commentary or feedback on Optum utilization management policies to: policy.inquiry@optumhealth.com with the word "Policy" in the subject line.

The services described in Optum* by OptumHealth Care Solutions, LLC policies are subject to the terms, conditions and limitations of the Member's contract or certificate. Optum reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Optum's administrative procedures.

Certain internal policies may not be applicable to self-funded members and certain insured products. Refer to the member's Summary Plan Description (SPD) or Certificate of Coverage (COC) to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member's SPD or COC, the member's SPD or COC will govern.

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