

<b>Case Number:</b>	CM13-0002349		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who reported injury on 05/21/2011. The mechanism of injury was noted to be the patient was demolishing a concrete wall, repairing the wall, and using a hatchet and pounding on the wall to knock off loose concrete. The patient was working on a small area and continued hammering on the wall, when he experienced the onset of pain and soreness in the right wrist. The documentation of 06/06/2013 revealed that the patient's pain was slowly improving after a right wrist arthroscopy in 05/2013. It was indicated that 12 sessions of postoperative physical therapy were authorized, and the patient was participating in physical therapy. The request was made for a Functional Capacity Evaluation to provide permanent work restrictions and assess the patient's physical abilities to work so the patient could return to work. The patient's diagnoses included shoulder tendonitis/bursitis, shoulder impingement, shoulder rotator cuff tear, and wrist tendonitis and bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **FUNCTIONAL CAPACITY EVALUATION FOR THE TRUNK AND UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

**Decision rationale:** ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. Clinical documentation submitted for review failed to indicate the patient had prior unsuccessful attempts to return to work. Additionally, it was indicated the patient was undergoing physical therapy and as such the timing for a Functional Capacity Evaluation would not be appropriate. Given the above and the lack of documentation, the request for a Functional Capacity Evaluation for the trunk and upper extremities is not medically necessary.