

<b>Case Number:</b>	CM13-0002868		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	07/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 injured worker is a 56 year old male whose date of injury is 01/24/13. The mechanism of injury is described as a slip and fall. The treatment to date includes physical therapy, activity modification, medication management, subacromial injection to the shoulder, and acupuncture. The injured worker underwent right shoulder arthroscopy on 09/10/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluations.

**Decision rationale:** Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary. The injured worker underwent right shoulder arthroscopy in September 2013. However, there are no postoperative records submitted for review. There is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. There is no

current, detailed physical examination submitted for review. It is unclear if the injured worker is at or near maximum medical improvement as required by the Official Disability Guidelines (ODG). There is no documentation of prior unsuccessful return to work attempts.