

<b>Case Number:</b>	CM13-0008311		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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 Occupational Medicine, 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:

According to the records made available for review, this is a 62-year-old with a May 22, 2007 date of injury. At the time of request for authorization for FCE (functional capacity evaluation) of the left shoulder 1 unit x 16= 4 hours, there is documentation of subjective (left shoulder, left elbow, and wrist pain) and objective (full left shoulder range of motion and 5/5 strength of the left shoulder) findings, current diagnoses (status post left shoulder surgery on 4/9/12, lateral epicondylitis, and median and ulnar neuropathy), and treatment to date (medications and chiropractic physiotherapy). There is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION (FCE) OF THE LEFT SHOULDER (FOUR HOURS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, pages 137-138,. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery on April 9, 2012, lateral epicondylitis, and median and ulnar neuropathy. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).