

Case Number:	CM13-0011889		
Date Assigned:	03/14/2014	Date of Injury:	04/23/2012
Decision Date:	06/12/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 New York. 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 claimant is a 38 year old male who sustained an industrial injury on 04/23/2012. The mechanism of injury was reported to be related to repetitive work and stress, producing a right shoulder injury. His diagnoses include right shoulder strain, lumbar spine strain, and issues of anxiety and insomnia. A right shoulder arthroscopy was performed on 12/15/2012. He continues to complain of right shoulder pain and on exam has pain with range of motion. The treating provider has requested a functional capacity evaluation and impairment rating for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE) AND IMPAIRMENT RATING FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity examination (FCE). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Shoulder - Functional capacity evaluations (FCEs) and ACOEM Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, pages 137-138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: There is no documentation provided necessitating a functional capacity evaluation (FCE). There is no documentation of any specific objective findings suggesting range of motion of the shoulder, current function or dysfunction. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. Medical necessity for the requested service has not been determined. The requested service is not medically necessary and appropriate.