

Case Number:	CM13-0013317		
Date Assigned:	09/30/2013	Date of Injury:	03/08/2011
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 75-year-old male who reported an injury on 03/08/2011 to his shoulder. The mechanism of injury was hitting his hand on a tree while collecting trash causing pain to his arm. The patient underwent surgical intervention to the right shoulder to include arthroscopy and debridement of the glenoid fossa and rotator cuff with arthroscopic subacromial decompression. This was followed by a course of postoperative physical therapy. The patient's most recent physical exam findings revealed tenderness to palpation over the acromioclavicular joint, reduced motor strength in the right upper extremity, crepitus with range of motion with decreased range of motion. The patient's diagnoses included status post right shoulder arthroscopy, non-repairable full thickness rotator cuff tear with rotator cuff arthropathy. The patient's treatment plan included functional capacity evaluation to determine the suitability of his particular job.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77. Decision based on Non-MTUS Citation ODG, Fitness for Duty.

Decision rationale: The clinical documentation submitted for review does indicate that the patient has physical deficits that have been non-responsive to surgical intervention and the patient is no longer a surgical candidate. It is also noted that the patient has had failed attempts to return to work. It is also noted that details were provided regarding the patient's essential functions and job demands to assist with the development of the evaluation. As the patient has had failed to return to work attempts and detailed information regarding the patient's job functions and duties was provided to assist in developing the patient's functional capacity evaluation, this type of testing would be indicated. The request for a functional capacity evaluation is medically necessary and appropriate.