

Case Number:	CM13-0016173		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2010
Decision Date:	10/24/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 injured worker is a 51-year-old male who reported an injury on 08/27/2012. The mechanism of injury was not provided. Prior therapies included physical therapy. The documentation of 08/09/2013 revealed the injured worker had decreased pain in the left shoulder. The injured worker had mild soreness on a daily basis. The injured worker had a left shoulder hemiarthroplasty on 01/28/2013. Prior treatments included NSAIDS, 4-5 cortisone injections, and physical therapy. Range of motion of the left shoulder was 90 degrees in abduction, flexion 110 degrees, internal rotation of 70 degrees to T12, and external rotation of 30 degrees with mild pain. There was a mild positive Neer impingement sign and mild positive Hawkin's impingement sign. The abduction strength was 4+/5 with mild pain. The injured worker's radiographs of the left shoulder revealed a well-positioned and stable hemiarthroplasty without interval alignment change. The physician opined the injured worker would benefit from a Functional Capacity Evaluation. The treatment plan included a functional capacity evaluation, home exercise, and range of motion as tolerated. There was a Request for Authorization submitted for the Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EXAM FOR THE LEFT SHOULDER: Upheld

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

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: The American College of Occupational and Environmental Medicine 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. The 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. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work, and that all additional secondary conditions had been clarified. There was a lack of rationale for the request. Given the above, the request for functional capacity evaluation for the left shoulder is not medically necessary.