

<b>Case Number:</b>	CM13-0017130		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Orthopedic Surgery 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 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 woman who sustained a right shoulder injury in 2010. There are medical records from August 2012 documenting limitation in function and request for a Functional Capacity Evaluation. There are more current July 2013 records documenting another request for Functional Capacity Evaluation. The records indicate she is capable of going back to a modified duty work, but the treating physician is requesting an FCE to determine her absolute level of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Fitness for Duty, Guidelines for performing an FCE

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**Decision rationale:** The requested Functional Capacity Evaluation (FCE) is medically necessary based on review of the medical record. Guidelines recommend that, once a patient is at Maximum Medical Improvement (MMI) and cannot return to their regular job, an FCE is

reasonable in an attempt to determine the patient's true level of function. In light of the fact that this patient has reached MMI, does not appear to have any worsening of her condition, and has received a determination from her physician that she cannot return to her regular job due to her weakness and limited motion, a Functional Capacity Evaluation at this time would be medically reasonable in an attempt to determine her true level of workability.