

Case Number:	CM13-0024486		
Date Assigned:	11/20/2013	Date of Injury:	03/23/2011
Decision Date:	01/24/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 46-year-old gentleman who was injured on 3/23/11 while attempting to hold an object that had fallen. This resulted in the acute onset of neck and left shoulder pain. Clinical records reviewed include a 7/20/13 assessment with [REDACTED], indicating continued subjective complaints of chronic pain syndrome with objective findings demonstrating restricted movements of the shoulders and cervical spine. An MRI of the left shoulder demonstrated an acromioclavicular joint arthrosis with nonspecific subacromial fluid and no rotator cuff or labral pathology. The claimant is noted to be status post left shoulder arthroscopic subacromial decompression, distal clavicle, resection, and acromioplasty from September 2012. He continues to have complaints of chronic pain including headaches and lumbar sacral pain. Medication management was recommended at that time. Records note that the claimant underwent a functional capacity examination for his low back and shoulder to assess work related function on 8/6/13. The exam demonstrated the claimant to be not capable of performing work related requirements, not meeting the minimal demand level to sustain his current job related duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

functional capacity exam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines for fitness for duty

Decision rationale: The California MTUS Guidelines indicate that functional capacity exams may be appropriate in evaluating for work hardening or work conditioning. This is further supported when looking at Official Disability Guidelines criteria; functional capacity examination is indicated in cases where there is prior unsuccessful return to work attempts with conflicting medical records on fitness for duty and modified job requirements. In this case, the claimant is nearly 11 months following surgical process to the shoulder with continued chronic pain complaints and inability to document sustained improved work related function. The role of a functional capacity examination at the date performed on August 2013 would appear medically necessary as the claimant appeared to be at maximal medical improvement, and the need for better understanding of job function and possible return-to-work-requirements was necessary.