

<b>Case Number:</b>	CM13-0025583		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 and Rehabilitation and Pain Medicine and is licensed to practice in Ohio 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 59 female who reported an injury on 07/27/2012. The patient is currently diagnosed with a right shoulder rotator cuff tear, C5-7 herniations and thoracic spine kyphosis. The patient was recently evaluated by [REDACTED] on 08/15/2013. Physical examination revealed trigger points of the cervical spine as well as the right shoulder, intact sensation and 22/18/16 grip strength on the right with 22/22/22 grip strength on the left. Treatment recommendations included a 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 evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation Section.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state while return to modified or temporary duty work is an important first step in the functional improvement of workers with health conditions, it must be managed carefully. The Official Disability Guidelines

state that if a worker is actively participating in determining the suitability of a particular job, a Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation should be considered if case management is hampered by complex issues; there are prior, unsuccessful return to work attempts; there is conflicting medical reporting on precautions and/or fitness for modified job; or there are injuries that require detailed exploration of a worker's abilities. As per the clinical notes submitted, there is no mention of how the Functional Capacity Evaluation results will guide the patient's treatment or return to work. In addition, there has been no documentation of this patient's current job description or whether the patient has attempted to return to work or is currently working under modified duties. The medical necessity for the requested service has not been established. As such, the request is non-certified.