

<b>Case Number:</b>	CM13-0028031		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 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.

### 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 68-year-old male who reported a work-related injury on 05/14/2012 due to a fall where the patient landed on the right side of his body. MRI of the patient's chest and right shoulder revealed 3 rib fractures and a torn rotator cuff. The patient underwent arthroscopy surgery to repair the torn rotator cuff. The patient underwent physical therapy for the right shoulder. His diagnoses are listed as partial tear of the rotator cuff tendon, thoracic spondylosis with myelopathy, bursitis and tendinitis of the shoulder, and subluxation of rib. The request was for decision for qualified Functional Capacity Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualified functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity evaluation

**Decision rationale:** The clinical note dated 10/23/2013 stated the patient presented for a follow-up visit 1 month following right rotator cuff repair. The plan was noted to initiate postoperative physical therapy. The clinical note dated 11/18/2013 stated the patient's increased activities of daily living since his last examination included as dressing himself and picking up a glass of

water. The patient was noted to have increased range of motion for the right shoulder flexion from 51 to 97, extension from 8 to 31, abduction from 16 to 71, and adduction from 22 to 57. The patient completed 7 physical therapy sessions. Official Disability Guidelines indicate that a Functional Capacity Evaluation is recommended prior to admission to a work hardening program. There is a lack of documentation stating the patient had an adequate trial of active physical rehabilitation with improvement followed by a plateau which is part of the criteria for admission to a work hardening program. The patient was also not noted to have prior unsuccessful return to work attempts per guideline criteria for Functional Capacity Evaluation. The clinical documentation submitted does not meet guideline criteria for Functional Capacity Evaluation. As such, the request for qualified Functional Capacity Evaluation is non-certified.