

Case Number:	CM13-0033978		
Date Assigned:	12/06/2013	Date of Injury:	08/25/2010
Decision Date:	02/20/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Practice 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 49-year-old male who reported an injury on 08/25/2010. The mechanism of injury was lifting a heavy object in an overhead motion, causing injury to the right shoulder. The patient ultimately underwent right shoulder arthroscopy for rotator cuff repair, subacromial decompression, and extensive debridement in 06/2011. This was followed by postoperative physical therapy. The patient's most recent evaluation indicates that the patient is on modified work duty as the patient cannot lift items over 20 pounds. The patient had reduced range of motion of the right shoulder described as 135 degrees in flexion, 95 degrees in abduction, and 45 degrees in adduction. The patient's diagnoses included status post recurrent rotator cuff tear of the right shoulder, per postoperative MR arthrogram, and inflammatory process of the right olecranon. The patient's treatment plan included surgical consultation to determine the possibility of a revision of the rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult: Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC

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 is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends the use of functional capacity evaluations to obtain a more precise delineation of the patient's capabilities than is available from routine physical examination and notes. Additionally, Official Disability Guidelines do not recommend functional capacity evaluations unless the patient is at or close to maximum medical improvement. The clinical documentation submitted for review does provide evidence that the patient is a possible surgical candidate. Therefore, the patient cannot be considered at or near maximum medical improvement. As such, the requested Functional Capacity evaluation is not medically necessary or appropriate.