

<b>Case Number:</b>	CM13-0036251		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 expert 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:

This is a patient with a date of injury of 10/24/11. A utilization review determination dated 10/7/13 recommends non-certification of a functional capacity evaluation and additional physical therapy. It referenced a 9/11/13 medical report with subjective findings of decreasing pain and stiffness of the shoulder and no calcification in the soft tissue on x-ray. 7/31/13 medical report identifies pain in the right shoulder 4/10. ROM is reported by the patient as better since PT. On exam, there is anterior tenderness and weakness in IR and ER. A cortisone injection was administered and PT 3 x 4 was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FUNCTIONAL CAPACITY EVALUATION QUANTITY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), FITNESS FOR DUTY CHAPTER, FUNCTIONAL CAPACITY EVALUATION.

**Decision rationale:** Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of

a functional capacity evaluation includes case management hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Within the documentation available for review, there is no indication that case management has been hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Additionally, it appears that the patient was not at or close to MMI given that active treatment was still being utilized/requested. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary

**ADDITIONAL PHYSICAL THERAPY QUANTITY 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Regarding the request for additional physical therapy quantity 6.00, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions. The patient does report some unquantified ROM improvement, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are unquantified strength deficits in internal and external rotation and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 total PT sessions for this chronic injury. In light of the above issues, the currently requested additional physical therapy quantity 6.00 is not medically necessary.