

<b>Case Number:</b>	CM13-0036557		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/10/2013
<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 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 Indiana, Illinois 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 32-year-old male who reported a work related injury on 10/30/2012, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, left shoulder rotator cuff tendinitis/bursitis and lumbar spine sprain/strain with radicular complaints. The most recent clinical note submitted for this review is dated 08/21/2013 with a noted clinic visit under the care of [REDACTED]. The provider documents the patient presents with complaints of intermittent moderate left shoulder pain with stiffness. The patient reports he has only attended 1 session of physical therapy. Upon physical exam of the patient's left shoulder reveals tenderness to palpation about the trapezius musculature, biceps, and AC joint. Examination of the lumbar spine revealed tenderness to palpation about the paralumbar musculature bilaterally, decreased range of motion was noted. The provider documents that the patient should continue to work with the restriction of no heavy lifting, the patient was prescribed omeprazole and naproxen for pain and inflammation and the provider documented the patient had an additional 7 sessions of physical therapy remaining.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 137-138.

**Decision rationale:** The current request is not supported. The clinical notes failed to document a specific rationale for the requested Functional Capacity Evaluation at this point in the patient's treatment. The most recent clinical note submitted for review is dated from 08/2013 which revealed the patient had only attended 1 session of physical therapy status post the patient's injury sustained in 10/2012. California MTUS/ACOEM indicates there is little scientific evidence confirming the FCEs predict an individual's actual capacity of work performed in the workplace, an FCE reflects what an individual can do on a single day at a particular time under controlled circumstances, that provide an indication of the individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. Given the lack of specific rationale for the requested Functional Capacity Evaluation at this point in the patient's treatment, and lack of documentation evidencing the patient's current clinical picture and exhaustion of recent conservative measures, the request for Functional Capacity Evaluation is not medically necessary or appropriate.