

Case Number:	CM13-0039011		
Date Assigned:	12/18/2013	Date of Injury:	03/26/2013
Decision Date:	07/25/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Interventional Spine 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:

The patient is a 46-year-old male with date of injury of 03/26/2013. The patient's diagnoses include chronic left shoulder strain with intraarticular pathology, a rotator cuff tear, a glenoid labral tear, mild sleep disorder, stress, anxiety, and depression. According to this report, the patient complains of frequent pain in his left shoulder which varies in its intensity. He describes it as achy, sharp with shooting pain, and rates it at 3/10 to 4/10. His pain travels to the left side of his upper back by his scapula and right shoulder blade. He is not able to completely move his arm backwards. He has episodes of numbness and tingling in his left upper arm, shoulder and scapula. His pain increases with reaching, moving his arms backwards, and lifting. He also has difficulty sleeping and he awakens with pain and discomfort. The occasional use of heating pads, frequent use of ice packs, and pain medication including Tylenol, provides him with temporary relief. Physical therapy and medication provide him with pain improvement, but he remains symptomatic. The physical exam shows the patient is alert and cooperative. His gait is mildly antalgic due to problems with the right knee. An examination of the shoulder shows there is tenderness over the rotator cuff area, deltoid bursa. Impingement sign was positive on the left shoulder, and the left shoulder range of motion was restricted. The right shoulder examination was normal. An examination of both elbows and wrists were normal. The patient had a 4/5 weakness on the left shoulder in abduction. The utilization review denied the request on 09/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 FUNCTIONAL CAPACITY EVALUATIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, Functional Capacity Evaluation, pages 137 & 139.

Decision rationale: This patient presents with left shoulder pain. The physician is requesting two functional capacity evaluations (FCE). Based on the report dated 09/09/2013, the physician is requesting one functional capacity evaluation to determine the patient's current employability and work status. The ACOEM Guidelines on functional capacity evaluations, pages 137-139, state that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do on a single day, a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. In this case, ACOEM Guidelines do not support the routine use of FCE. Furthermore, the physician does not provide any return to work discussions or current work limitations. Therefore the request is not medically necessary.