MAXIMUS Federal Services

Case Number:	CM13-0047531		
Date Assigned:	01/15/2014	Date of Injury:	10/17/2012
Decision Date:	04/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine and is licensed to practice in New York. 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 44 year old male with a date of injury on 10/17/2012. He was lifting a heavy cart and felt a sudden rip with pain in his right shoulder. He was evaluated in the ER an hour later. X-ray was negative. He was treated with Valium, Motrin and ice pack. The next day there was tenderness to the anterior right shoulder. Neers and Hawkins were negative. Reflexes were normal. There was on swelling or erythema. Motor strength was 5/5. Range of motion was decreased. Sensation was normal. The diagnosis was rotator cuff sprain. He was to continue Motrin, Tylenol #3 was added and a MRI of the right shoulder was requested. MRI revealed a complete tear of the right proximal long head of the biceps tendon, effusion and fraying of the labrum. He had restricted work to desk work only. On 01/04/2013 he had shoulder surgery; he had arthroscopic subacromial decompression with debridement of the superior labrum and then an open biceps tenodesis. On 03/21/2013 he was to continue physical therapy and a home exercise program. On 04/03/2013 he continued to improve in range of motion and strength. He had 160 degrees of elevation. On 06/05/2013 strength of the right shoulder was 4/5 to 4+/5. On 07/09/2013 the strength was 4+/5 to 5/5. On 08/20/2013 the right shoulder strength was normal at 5/5 and the range of motion was only slightly decreased. His orthopedist had released him to full duty. However, his other provider maintained him on modified restricted duty. On 10/01/2013 right shoulder strength was normal and the range of motion was 95% of normal. He remained on restricted duty. On 10/11/2013 the request for a FCE was received and denied on 10/18/2013.

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; Section Fitness for Duty.

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

Decision rationale: Although cleared to return to full duty work by the orthopedist months prior to the requested FCE, he remained on restricted duty and never reported for full duty. Strength of the shoulder was normal and the range of motion was 95% of normal. The California MTUS does not note when a FCE is medically necessary. ODG 2014 noted that FCE is not part of a routine occupational rehab or screening to return to work. It is recommended prior to a work hardening program. There was no documentation he was being admitted to a work hardening program. Again his right shoulder strength was normal and range of motion was 95% of normal. As noted in the previous review the patient should return to full duty and have a trial of full duty work as recommended by his orthopedist prior to consideration of any analysis of a deficiency. The FCE is not consistent with ODG.