

Case Number:	CM13-0047562		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2010
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 36 year old male with date of injury 3/18/2010. Patient has had ongoing shoulder pain and underwent an acromioplasty, right rotator cuff and labral repair on 6/5/12. Treatments have included medications and physical therapy with a repeat certification of physical therapy. Subjective complaints include shoulder pain rated 5-7/10 worse with lifting and repetitive activity. Patient is working 35 hours per week. Physical exam shows nonspecific weakness of right shoulder weakness with abduction and external rotation, and decreased range of motion with mild pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE right shoulder, right arm, back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines

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 Editio, (2004), Chapter 7, pg. 137

Decision rationale: The Physician Reviewer's decision rationale: ACOEM guidelines suggest there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. As with any behavior, an individual's performance on an FCE is influenced by multiple nonmedical factors other than physical impairments. ODG guidelines recommend FCEs if there are multiple failed return to work attempts, if patient is nearing maximal medical improvement, or there is conflicting medical reporting on precautions or fitness for a modified job. For this patient there is no evidence that indicates patient is near maximum medical improvement as he is still undergoing physical therapy, patient is working, there are not conflicting medical reports of his fitness, and specific functional deficits are not noted. Therefore, a request for a functional capacity examination is not medically necessary at this time.