

<b>Case Number:</b>	CM13-0050920		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/12/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Geriatrics 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 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 injured worker is a 42 year old man with a date of injury of 11/12/11. He was see by his orthopedic physician on 10/30/13. He underwent right shoulder arthroplasty with subacromial decompression on 6/3/13. He had worked for two days and then had increased pain and swelling and was now off work per his primary treating physician. His physical exam showed some swelling along the anterior portal site with no signs of infection. He was tender diffusely. His range of motion was painful and 160 degrees forward flexion, 150 degrees abduction, 60 degrees external and internal rotation. He had 4/5 strength in forward flexion and external/internal rotation. He had normal sensation. He was prescribed voltaren gel and he was to continue celebrex. A functional capacity evaluation was ordered to delineate permanent restrictions and his ability to return to normal work duties. The functional capacity evaluation is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations and the Official Disability Guidelines (ODG), Fitness for Duty Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

**Decision rationale:** This injured worker has had multiple prior diagnostic studies and treatment modalities including surgery and physical therapy. There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. He was only trialed at work for two days and the records do not discuss whether modified duty was trialed or full duty prior to a functional capacity evaluation. The records do not support the medical necessity for a functional capacity evaluation.