

<b>Case Number:</b>	CM13-0052339		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Pediatric Rehabilitation Medicine, and is licensed to practice in 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 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 60-year-old male who reported an injury on 05/27/2011. The mechanism of injury was not stated. Current diagnoses include a complete rupture of the right rotator cuff, lumbar disc displacement with myelopathy, lesion of the sciatic nerve, rotator cuff syndrome, bursitis and tendonitis of the shoulder and insomnia. The injured worker was evaluated on 09/09/2013. The injured worker reported constant and severe pain in the right shoulder and lumbar spine as well as activity limitations and sleep disturbances. Physical examination of the lumbar spine revealed 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L1-S1, positive Kemp's testing and straight leg raise bilaterally, a positive Yeoman's testing, decreased left patellar reflex and decreased right Achilles reflex. Physical examination of bilateral shoulders revealed intact sensation, 3+ spasm and tenderness in the right upper shoulder, diminished range of motion, positive Codman's testing and positive Speed's and supraspinatus testing on the right. Treatment recommendations at that time included postoperative physical therapy, electrical muscle stimulation, infrared treatment to the right shoulder, myofascial release and an Initial Qualified Functional Capacity Evaluation.

### 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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations And Consultations (Pp 132-139).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a number of functional assessment tools are available, including Functional Capacity Examination, when reassessing function and functional recovery. The Official Disability Guidelines state that a Functional Capacity Evaluation should be considered if case management is hampered by complex issues and the time is appropriate. A Functional Capacity Evaluation should not be completed for the sole purpose of determining a worker's effort or compliance. As per the documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There was no indication that the injured worker is close to or at Maximum Medical Improvement. The injured worker is currently pending postoperative conservative therapy. There was also no documentatin of a defined return to work goal or job plan. Based on the clinical information received, the request is non-certified.