

<b>Case Number:</b>	CM13-0058203		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/18/1999
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/18/99. A utilization review determination dated 11/15/13 recommends non-certification of a functional capacity evaluation. 10/10/13 medical report identifies constant pain in the left shoulder 7/10. The patient is not doing any PT, but is doing home exercises. On exam, there is anterior tenderness and unquantified decreased strength in the left shoulder. X-rays showed no increase of osteoarthritis. An FCE was requested "to assess the patient's level of impairment for making her permanent and stationary as well as determining if she currently meets the essential physical demands of her own job capabilities of returning to work. She is close to reaching maximum medical improvement." The patient was also noted to have been released to full duty on that date with no limitations or restrictions.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is no evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, the patient is noted to be close to MMI, but there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Furthermore, the patient was noted to have been released to full duty with no limitations or restrictions, which is not consistent with the need for further evaluation. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary.