

Case Number:	CM13-0060390		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2012
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 & Rehabilitation 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 patient is a 58-year-old male who reported an injury on 09/27/2012. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation documented that the patient had persistent right shoulder pain status post surgical intervention. The patient had limited range of motion secondary to pain with muscle spasming and tenderness to the right rotator cuff muscles and right upper shoulder muscles with a positive right-sided Codman's test, speed's test, and supraspinatus test. The patient's diagnoses included aftercare for surgery, periartthritis of the right shoulder, bicipital tenosynovitis, partial tear of the rotator cuff tendon, myofascitis. A request was made for a Functional Capacity Evaluation to assess the patient's continued progress and response to treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS/ACOEM Guidelines state that through some circumstances it is appropriate to obtain a more precise delineation of patient capabilities that is generally available from a routine physical examination. In those instances it would be appropriate to order a Functional Capacity Evaluation. However, Official Disability Guidelines state that a Functional Capacity Evaluation is not appropriate if the sole purpose is to determine a worker's effort or compliance. Additionally, the clinical documentation fails to provide any evidence that the patient is close to or at maximum medical improvement with the intention of returning to work. Therefore, the need for a Functional Capacity Evaluation is not clearly established within the documentation. The request for Functional Capacity Evaluation for the right shoulder as an outpatient is not medically necessary and appropriate.