

Case Number:	CM13-0062007		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2009
Decision Date:	04/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 06/13/2009. The mechanism of injury was noted to be the patient was taking care of a client that had a seizure and as the patient reached out with his right hand to catch the client from falling, he jerked his right shoulder. The patient had a diagnostic and operative arthroscopy of the right shoulder with a Bankart repair, a partial synovectomy, removal of loose bodies, lysis of adhesions with subacromial bursectomy, and insertion of pain pump on 11/20/2012. The office note dated 11/06/2013 revealed the patient had tenderness in the right shoulder. X-ray of the right shoulder and humerus showed no calcifications in the soft tissue. The patient's diagnoses were noted to be acromioclavicular dislocation, joint derangement NEC shoulder, and joint pain shoulder. The plan indicated the patient was recovering from right shoulder surgery and was approaching at maximum medical improvement. It was indicated the patient attempted to return to work, but was unable to do so. The physician opined that a Functional Capacity Evaluation was necessary to assess the patient's level of impairment and any necessary work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATON (FCE): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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) Chapter Fitness for Duty Chapter, FCE.

Decision rationale: ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review indicated the patient had prior unsuccessful attempts to return to work and was close to maximum medical improvement. Given the above, the request for a Functional Capacity Evaluation is medically necessary.