

<b>Case Number:</b>	CM13-0062408		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Emergency Medicine 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 patient has a original reported date of injury 5/1/2012. Another reported injury was on 1/23/13. Mechanism was reported as being struck by a piece of equipment in left shoulder and hip knocking him to ground. The patient has a diagnosis of left shoulder bursitis/impingement, SLAP lesion of the left shoulder, left shoulder acromioclavicular joint degenerative joint disease, and left hip dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A FUNCTIONAL CAPACITY EVALUATION FOR THE LEFT SHOULDER AND LEFT HIP (4 HOURS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

**Decision rationale:** As per ACOEM guidelines, determining limitations of work is not really a medical issue and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM, there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries.

While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE since the patient's pain and symptoms were improving. The request for FCE is not medically necessary.