

<b>Case Number:</b>	CM13-0062730		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 24 year-old individual was reportedly injured on 3/9/2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 10/17/2013 indicates that there are ongoing complaints of bilateral shoulder and right wrist pain. The physical examination demonstrated right and left shoulder positive bursitis and impingement symptoms. Positive O'Brien's test. Diagnostic imaging studies include reference to 7/25/2013 MRI of the right shoulder which revealed mild rotator cuff tendinosis with acromioclavicular joint degenerative disc disease, no full thickness tear. Left shoulder same date of service reveals superior labrum anterior posterior (SLAP) tear. MRI of the right wrist same date of service is unremarkable. Previous treatment includes right shoulder arthroscopy, physical therapy, chiropractic care, home exercises, steroid injection and over-the-counter medications. A request was made for functional capacity evaluation for the bilateral shoulders and right wrist with one follow-up office visit in six weeks and was not certified in the pre-authorization process on 11/10/2013.

### 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 BILATERAL SHOULDERS AND RIGHT WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations - Referral Issues and the IME Process.

**Decision rationale:** A Functional Capacity Evaluation may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. After review of the medical guidelines and submitted medical documentation the request for a functional capacity evaluation is deemed not medically necessary.

**ONE FOLLOW-UP OFFICE VISIT IN 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Treatment: Integrated Treatment/Disability Duration Guidelines Pain (Chronic)- (updated 05/15/14).

**Decision rationale:** Additional office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. After reviewing the medical documentation, request for follow-up visit was recommended to review the functional capacity evaluation. The functional capacity evaluation has not been approved; therefore there is no medical necessity for the requested follow-up visit. It is noted the injured worker will likely

require a follow-up visit in the future to determine if they have reached maximum medical improvement.