

<b>Case Number:</b>	CM13-0071818		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 Physician 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 28 year old male who was injured on 07/16/2013 while working as a roofer when he suddenly slipped and fell to the ground landing on his left side injuring his left shoulder and arm. He was subsequently treated with physical therapy, medications and a sling. Follow up report dated 09/20/2013 documented the patient with complaints of left shoulder pain. Objective findings on examination of the left shoulder revealed positive tenderness to palpation over the trapezius and supraspinatus muscles and acromioclavicular joint. Impingement and Hawkin's signs are positive. No deformity or incision was noted around the shoulder area. Range of motion of the left shoulder is painful and restricted. Diagnoses: Posttraumatic anxiety, Left shoulder sprain/strain, Status post left clavicle fracture, and Thoracic sprain/strain. His doctor recommended physical therapy and radiological studies. Medications and an arm sling were prescribed. Acupuncture treatment and functional capacity evaluation were ordered. Other documents related to this request include a request for authorization dated 09/27/2013 for physical therapy, and a request for authorization dated 12/06/2013 for a functional capacity evaluation. Of note, the 11/15/2013 report was illegible. UR dated 12/11/2013 denied the request for the Functional Capacity Evaluation (FCE) based on lack of documentation.

### 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder and Fitness for Duty Chapters:

**Decision rationale:** The California MTUS guidelines have not addressed the issue of dispute in detail. According to the Official Disability Guidelines, FCE is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. An FCE is considered in the following: Case management is hampered by complex issues such as prior unsuccessful return to work (RTW) attempts. The medical records document the employee was diagnosed with left shoulder sprain/strain, status post left clavicle fracture, and thoracic sprain/strain. There is no indication if the employee is being considered for a work hardening program, if the injured worker has attempted to return to work and failed or that the employer has a position that requires this type of testing be performed. Based on this and the guidelines, the request is not medically necessary.