

<b>Case Number:</b>	CM14-0007116		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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 Occupational Medicine, and is licensed to practice 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:

The patient is a 60-year-old who has submitted a claim for complete rupture of rotator cuff associated with an industrial injury date of October 11, 2011. Medical records from 2013 to 2014 were reviewed. The patient is being treated for rotator cuff tear of the left shoulder. He underwent left shoulder arthroscopy, capsular release (partial), partial rotator cuff repair and glenohumeral debridement, greater tuberoasty on November 5, 2012. Physical examination of the left shoulder revealed limitation of motion; tenderness over the subacromial bursa; mildly positive Neer's and Hawkin's impingement tests; and decreased motor strength on abduction and external rotation at 4/5. An MR arthrogram of the left shoulder was done on October 3, 2013 and demonstrated full thickness, full-width re-tear of the supraspinatus and infraspinatus tendons at the footprint with tendon reiteration to the joints, superior migration of humeral head and moderate to severe muscle atrophy. The diagnosis is residual symptomatic massive rotator cuff tear. Treatment plan includes a request for final functional capacity evaluation because the patient was declared permanent and stationary. Treatment to date has included oral analgesics, physical therapy, home exercises, acupuncture and left shoulder surgery. Utilization review from January 14, 2014 denied the request for final functional capacity evaluation because the documentation does not objectively support the request. Additional surgery has been requested. It is not clear that the claimant has completed all reasonable care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FINAL FUNCTIONAL CAPACITY EVALUATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

**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) Chapter 7, page(s) 132-139.

**Decision rationale:** According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. Furthermore, ODG states that failure of return to work attempt is an indication for FCE. The report should be accessible to all the return to work participants. In this case, MR arthrogram done on October 3, 2013 revealed re-tear of the rotator cuff. According to a progress report dated January 16, 2014, it is doubtful that the patient would benefit from additional rotator cuff surgery. It was also stated that the patient has failed to return to work full duty as a general laborer. He was declared permanent and stationary on January 23, 2014. A functional capacity evaluation was requested to assess ability for work and ADLs (activities of daily living). The guideline states that FCE is recommended if there is failure of return to work attempt and should be accessible to all the return to work participants. The request for a final functional capacity evaluation is medically necessary or appropriate.