

<b>Case Number:</b>	CM14-0008817		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is a 49-year-old male who has filed a claim for bilateral shoulder impingement syndrome and bilateral lateral epicondylitis associated with an industrial injury date of July 10, 2013. Review of progress notes indicates pain of the right and left shoulders radiating to the elbows, and bilateral elbows. Findings include tenderness over the lateral epicondyles of bilateral elbows; pain upon supination, pronation, and active extension of bilateral forearms; decreased range of motion of the shoulders; and positive impingement and supraspinatus press test of bilateral shoulders. Patient also reports anxiety, depression, insomnia, and frustration. MRI of the left shoulder dated December 27, 2013 showed acromioclavicular osteoarthritis, supraspinatus tendinitis, infraspinatus tendinitis, subscapularis tendinitis, subchondral cyst formation in humeral head, and bicipital tenosynovitis. MRI of the right shoulder dated October 20, 2013 showed a complex tear at the superior labrum with associated degenerative changes of the biceps labral anchor and severe tendinosis of the intraarticular biceps tendon, and tendinosis and interstitial tear of the lateral superior subscapularis tendon. Treatment to date has included NSAIDs, opioids, compounded topical analgesics, and physical therapy. Utilization review from January 03, 2014 denied the requests for functional capacity evaluation as the patient is nowhere near ready for case disclosure and there is no indication for an FCE at this time.

### 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) Fitness for Duty chapter, Functional capacity evaluation (FCE); American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139.

**Decision rationale:** As stated on pages 132-139 of the CA MTUS ACOEM 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. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, there is no documentation that the patient is enrolled in a work hardening program, or of a specific task or job that the patient will return to. Therefore, the request for functional capacity evaluation was not medically necessary.