

Case Number:	CM14-0010975		
Date Assigned:	02/21/2014	Date of Injury:	10/13/2012
Decision Date:	07/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 is a 61-year-old male with a 10/13/12 date of injury. The exact mechanism of injury has not been described. On 12/16/13, the provider documents that a prior injection relieved his pain control by about 20%. He continues to have left shoulder and cervical neck pain. He is very fearful about surgery. He has been diagnosed with a MR Arthrogram with a SLAP tear, AC joint osteoarthritis, and tendinitis. Objective exam show that the left shoulder and right wrist have full ROM. On 2/12/14, it is noted that the provider is requesting a subacromial decompression and labral repair of the left shoulder. Diagnostic Impression: Impingement shoulder, labral tear of left shoulder. Treatment to date: physical therapy, subacromial injection, medication management, activity modification. A UR decision dated 1/13/14 denied the request for a FCE. However, the rationale for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION - NECK, SHOULDER, WRIST: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and

Consultations, pg 132-139 ; Official Disability Guidelines (ODG) Fitness for Duty Chapter: FCE.

Decision rationale: CA MTUS states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no description of the patient's job and the level of physical duty required. In addition, it is unclear if the patient has had any prior unsuccessful return-to-work attempts. From the records provided, the patient is noted to be a surgical candidate and may possibly be undergoing a subacromial decompression and labral repair. It is unclear why a FCE is being requested at this time. Therefore, the request for Functional Capacity Evaluation-Neck, Shoulder, Wrist is not medically necessary.