

<b>Case Number:</b>	CM14-0011866		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old male with an injury date of 08/29/12. Based on the 12/20/13 progress report provided by [REDACTED] the patient complains of right shoulder pain. He complains of some tenderness in flexion, adduction, and internal rotation. The patient is diagnosed with status post right shoulder arthroscopy. [REDACTED] is requesting for a functional capacity evaluation. The utilization review determination being challenged is dated 01/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/31/13-12/20/13.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), 1.) CHAPTER 3 (INITIAL APPROACHES TO TREATMENT); 2.) CHAPTER 12 (LOW BACK COMPLAINTS); 3.) CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 1.) 48-49; 2.) 308-310; 3.) 181-185

**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, pp.137,139 "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, o

**Decision rationale:** According to the 12/20/13 report by [REDACTED], the patient presents with right shoulder pain with tenderness in flexion, adduction, and internal rotation. The request is for a functional capacity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations 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." The 12/20/13 report by [REDACTED] states that the patient "claims he cannot perform full work activity at this time." FCE's is not a good measure determining a patient's ability to work. Recommendation is for denial.