

<b>Case Number:</b>	CM14-0012477		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/05/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 56-year-old female with a 4/5/04 date of injury. 12/20/13 progress report indicates a current flare of the right shoulder, attributed to increased ADLs and cold weather. Physical exam demonstrates right shoulder tenderness and limited ROM with crepitation on ROM. There is decreased grip strength when rotating internally and externally, with some loss of fine motor function. 2/4/14 progress report indicates persistent right shoulder pain despite interval care. On 1/30/14, the patient completed a FCE questionnaire. Treatment to date has included right shoulder arthroscopy with DCE, SAD and biceps tendon release on 3/28/12; PT, medication, chiropractic care, activity modification. There is documentation of a previous 1/14/14 adverse determination for lack of unsuccessful return to work attempts; the patient having retired already; and lack of difficulty performing restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EXAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Treatment Utilization Schedule (MTUS) Examination and Consultations, Page 137-138 and Official Disability Guidelines (ODG): Fitness for Duty.

**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 (ACCOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations (page 132-139) and 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 specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work, especially given that the patient has retired. There is no evidence of previous failed attempts to return to full duties, or complicating factors. With a ten year history since DOI, it is unclear how FCE findings would alter the further course of diagnostic, therapeutic and vocational management. Therefore, the request for Functional Capacity Exam is not medically necessary.