

Case Number:	CM14-0015695		
Date Assigned:	03/03/2014	Date of Injury:	07/01/2008
Decision Date:	07/25/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/07/2014

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 66-year-old male patient with a 7/1/08 date of injury. The mechanism of injury was not provided. A 10/28/13 progress report indicated that the patient did not feel that his symptoms warranted operative treatment at that time but he was unable to tolerate full duty at work. He was recommended for a Functional Capacity Evaluation to determine his permanent work restrictions. An 11/11/13 progress report indicated that the patient continued to complain of pain in the right anterolateral aspect of his shoulder. He also reported a pain in the posterior aspect of his right shoulder and neck. The pain was aggravated with turning his head in certain direction. He had seen an orthopedic surgeon on 8/12/13, who recommended a right shoulder arthroscopy, but the patient did not make a decision yet. Physical exam revealed improved range of motion compared with a 7/10/13 physical exam result in the right shoulder due to completed physical therapy treatment. On the cervical spine there was tenderness over the trapezius muscles. He was diagnosed with right shoulder rotator cuff impingement syndrome, right shoulder acromioclavicular joint arthritis, right shoulder SLAP tear, and right trapezius strain. Treatment to date: medication management, physical therapy and steroid injection. There is documentation of a previous 1/31/14 adverse determination, because the request does not determine appropriate rationale for FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

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) Clinical Topics: ACOEM Chapter 7 Independent Medical Examinations and Consultations (page 132-139); Official Disability Guidelines (ODG) (Fitness for Duty Chapter).

Decision rationale: CA MTUS states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. 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. The patient complained of pain in the neck and right shoulder. He had significant objective improvement from physical therapy treatment with increased range of motion. However, the patient still complained of pain in the recent progress report and stated that he was not able to tolerate full duty job requirements. In addition, there was inconsistency between the objective findings and the patient's subjective complaints. On a 10/28/13 progress report, the doctor recommends a FCE to determine the patient's permanent work restrictions. Therefore, the request for outpatient functional capacity evaluation was medically necessary.