

Case Number:	CM14-0017603		
Date Assigned:	04/16/2014	Date of Injury:	11/12/2012
Decision Date:	06/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is an employee of [REDACTED] and has submitted a claim for post operative arthroscopic removal of the distal left clavicle, arthroscopic debridement of the anterior/superior labral tear of the glenohumeral shoulder on the left and arthroscopic subacromial decompression to the left shoulder joint associated with an industrial injury date of 11/12/2012. The treatment to date has included left shoulder arthroscopy on 06/25/2013, physical therapy, cortisone injection, and medications such as tramadol, Robaxin, naprosyn, ibuprofen, and Tylenol with Codeine. Medical records from 2012 to 2013 were reviewed showing that patient complained of left shoulder pain graded 7/10 in severity. He likewise complained of neck stiffness. This resulted in difficulties with pushing and pulling, lifting, and carrying objects. Range of motion of the left shoulder was restricted to 150 degrees of flexion, 70 degrees of internal and external rotation with presence of pain. Dugas test was positive in the anterior/superior aspect of the left shoulder. Apley's test was negative. Deep tendon reflexes were equal and symmetric. MRI of the left shoulder, dated January 4, 2013, revealed evidence of tendinosis of the rotator cuff and mild AC joint arthrosis. X-ray of the left shoulder, dated November 28, 2012, revealed mild arthritic changes of the shoulder otherwise no bony abnormality. The utilization review from 01/22/2014 denied the requests for functional capacity evaluation between 1/3/2014 and 3/18/2014 because the patient did not present with subjective or objective evidence of functional limitations in regards to his shoulder which would hinder his ability to return to work in full capacity.; and X-ray of the left shoulder between 1/3/2014 and 3/18/2014 because routine imaging in the absence of symptoms is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, 2nd Edition: Chapter 7; Independent Medical Examinations And Consultations (Pp 137--138).

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, Page 132-139.

Decision rationale: According to pages 132-139 of the 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. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the patient has returned to modified work since 03/25/2013. Medical records submitted and reviewed do not provide discussion regarding the indication for FCE. Patient's current work status is temporary total disability. However, there is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. Therefore, the request for functional capacity evaluation is not medically necessary.

1 X-RAY OF THE SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 9 SHOULDER COMPLAINTS, pg 207.

Decision rationale: The California MTUS ACOEM guidelines state that diagnostic studies are needed when there is a new injury, red flags or a trauma. In this case, the employee has been complaining of chronic shoulder pain since the industrial injury date of 11/12/2012. He is status post left shoulder arthroscopy on 06/25/2013. Medical records submitted and reviewed do not provide indication for a repeat X-ray of the shoulder. There is no documented changes in subjective complaints or objective findings that would warrant repeat imaging. Furthermore, the request does not specify the laterality. Therefore, the request for x-ray of the shoulder is not medically necessary.

