

Case Number:	CM14-0019362		
Date Assigned:	04/21/2014	Date of Injury:	05/18/2012
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 injured worker is a 54-year-old male who reported an injury on 05/18/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included right shoulder surgery followed by postoperative physical therapy and chronic pain managed with medications. The injured worker was evaluated on 12/23/2012. It was documented that the injured worker had continued right shoulder pain and right knee pain rated at a 7/10 to 8/10. Physical findings of the right shoulder included range of motion described as 0 degrees to 180 degrees in flexion, 0 degrees to 170 degrees of abduction, 0 degrees to 80 degrees of external rotation, 0 degrees to 80 degrees of internal rotation, 5/5 motor strength, and no neurological deficits. Evaluation of the left shoulder documented similar findings. Evaluation of the right knee documented 0 degrees to 140 degrees, positive painful patellofemoral crepitus with 4+/5 quadriceps and hamstring strength. The injured worker's diagnoses included left shoulder impingement, right knee moderate degenerative joint disease, right ulnar neuropathy, cervical radiculopathy, right knee severe chondromalacia, right knee medial meniscus tear, left shoulder rotator cuff tear with SLAP lesion, status post right shoulder mini open rotator cuff repair. The injured worker's treatment plan included a Functional Capacity Evaluation to objectify work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested Functional Capacity Evaluation is not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommend a Functional Capacity Evaluation when a more precise delineation of an injured worker's functional capabilities is required than what can be provided beyond a traditional physical evaluation. The clinical documentation submitted for review does indicate that the injured worker has already returned to work without restrictions. There is no indication within the documentation that the injured worker is unable to perform normal job duties without restrictions and would require an additional evaluation to assess injured workers abilities to perform normal job duties. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.