

Case Number:	CM14-0139717		
Date Assigned:	09/05/2014	Date of Injury:	10/29/2012
Decision Date:	11/13/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 49 year old female with a date of injury on 10/19/2012. Subjective complaints are of significant limitation of the left shoulder. The patient is status post left shoulder arthroscopy, biceps tenodesis, and subacromial decompression in 6/2014. Physical exam shows tender paracervical muscles and tenderness over scar tissue on the left shoulder, with negative impingement signs. Resisted abduction and external rotation strength is 4/5. There is also decreased abduction and forward flexion. Prior treatment has included physical therapy and medications. Medications include Tramadol, Diclofenac, and Omeprazole.

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 ODG - TWC Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION

Decision rationale: CA MTUS recommends considering a functional capacity evaluation (FCE) to translate medical impairment into functional limitations and determine work capability. The ODG likewise recommends functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work (RTW) process. The ODG recommends considering an FCE if case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job, or patient is close or at maximum medical improvement. For this patient, there is not conflicting medical reporting, or evidence of failed return to work attempts. Furthermore, submitted records do not indicate job demands or requirements that would warrant a functional capacity evaluation. Therefore, the medical necessity for a functional capacity evaluation is not established at this time.