

Case Number:	CM14-0152436		
Date Assigned:	09/22/2014	Date of Injury:	02/17/2010
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/18/2014

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:

Patient is a 42-year-old male who has submitted a claim for left shoulder adhesive capsulitis, left shoulder impingement syndrome, left shoulder acromioclavicular joint osteoarthritis, and status post left shoulder arthroscopy, subacromial decompression and distal clavicle excision associated with an industrial injury date of 2/17/2010. Medical records from 2014 were reviewed. The patient complained of bilateral shoulder pain, rated 6 to 8/10 in severity, and aggravated by activities of daily living. Physical examination of both shoulders showed tenderness and restricted motion. Neer's test was negative. Muscle strength of bilateral upper extremities was graded 4/5. X-ray of the left shoulder, dated 6/13/2014, demonstrated suspected resection of the distal clavicle. MRI of the left shoulder, dated 9/23/13, demonstrated tendinosis of distal infraspinatus tendon. Progress report from 7/11/2014 stated that patient had reached maximal medical improvement with respect to both shoulders. Treatment to date has included left shoulder arthroscopy, subacromial decompression and distal clavicle excision on 1/23/2014, physical therapy, cortisone injection, and medications. Utilization review from 8/27/2014 denied the request for functional capacity evaluation of the left shoulder because there was no discussion regarding patient's work status with failed return to work attempts. There was also no discussion concerning maximal medical improvement status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation - Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule, Clinical Topics: American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and Consultations, pages 132-139 and on the Official Disability Guidelines, 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), 2nd Edition, (2004) Chapter 7, page(s) 132-139 and on the Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation

Decision rationale: As stated on pages 132-139 of the CA MTUS 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. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The FCE should not be performed if the worker has not returned to work and an ergonomic assessment has not been arranged. In this case, treatment to date has included left shoulder arthroscopy, subacromial decompression and distal clavicle excision on 1/23/2014, physical therapy, cortisone injection, and medications. Progress report from 7/11/2014 stated that patient had reached maximal medical improvement with respect to both shoulders. An interdisciplinary functional evaluation was requested because the patient remained symptomatic and dysfunctional secondary to chronic pain condition. The patient had failed traditional pain management techniques. The patient was also not a candidate for any further surgery. He exhibited motivation to change. Previous attempts to wean down opioid medications had also failed. However, medical records submitted and reviewed failed to provide a job specific description, which is recommended by the guidelines. Guideline criteria are not met due to insufficient documentation. Therefore, the request for functional capacity evaluation of the left shoulder is not medically necessary.