

<b>Case Number:</b>	CM14-0155183		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 43-year-old female who reported injury on 11/29/2011. The mechanism of injury was not provided. The injured worker's diagnoses included cervical strain, radiculitis, left upper extremity, frozen left shoulder, left shoulder impingement syndrome, left shoulder AC joint synovitis, low back pain, left knee and left ankle sprain, depression secondary to work related injury, and status post vehicle accident with acute exacerbation left shoulder. The injured worker's past treatments included medications, psychological physical therapy, massage therapy, and a home exercise program. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 06/19/2014, the injured worker complained of left shoulder pain rated 7/10, back pain rated 4/10, and knee pain rated 5/10. The injured worker had range of motion to the left shoulder with abduction 120 degrees, forward flexion 100 degrees, and external rotation 60 degrees. The injured worker's range of motion to the lumbar spine was within normal limits. The injured worker had a positive Neer's and Hawkins test of the left shoulder. The injured worker's medications included diclofenac XR 100 mg, omeprazole 20 mg, and Tramadol XR 150 mg. The request was for functional capacity evaluation. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### 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 ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations- FCE

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION.

**Decision rationale:** The Official Disability Guidelines recommend functional capacity evaluation (FCE) prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is not likely to be successful. The FCE is not as effective when the referral is less collaborative and more directive. 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. Report should be accessible to all the return to work participants. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and or fitness for modified job, injuries that require detailed exploration of a worker's abilities, and timing is appropriate. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, the worker has returned to work and an ergonomic assessment has not been arranged. The injured worker's medical records lack documentation of prior unsuccessful return to work attempts. The requesting physician did not provide rationale for the functional capacity evaluation to include possibility of work hardening program. There is a lack of documentation of the failure of conservative care. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The request does not indicate the rationale for the functional capacity evaluation. As such, the request for functional capacity evaluation is not medically necessary.