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| <b>Case Number:</b>   | CM14-0159840 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 01/10/2013 |
| <b>Decision Date:</b> | 11/03/2014   | <b>UR Denial Date:</b>       | 09/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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:

This is a 47-year-old female with a 1/10/13 date of injury; when she sustained injuries to the right shoulder and wrists after pushing a box filled with oranges. The patient was seen on 7/24/14 with complaints of 5/10 sharp and achy pain in the right shoulder. Exam findings of the right shoulder revealed swelling, spasm, tenderness, and decreased strength. The diagnosis is status post right shoulder surgery, thoracic outlet syndrome, and chronic shoulder pain. Treatment to date: manipulation of the right shoulder with intra-articular injection (10/16/13), work restrictions, medications, physical therapy, and electrical stimulation. An adverse determination was received on 9/15/14 given that the patient underwent Functional Capacity Evaluation (FCE) on 2/4/14 and there was no documentation noting the reason for a repeat FRC for the patient and that it was unknown if the patient had returned to work or had unsuccessful return to work episodes.

### 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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

**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) Clinical Topics, Chapter 7 Independent Medical Examinations and Consultations (page 132-139) Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However there is a lack of documentation indicating the patient's work status and previous unsuccessful attempts to return to work. In addition, the previous reviewer's notes indicated that the patient underwent FCE on 2/4/14 and the reason for additional FCE was not documented. Therefore, the request for Functional Capacity Evaluation was not medically necessary.